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Part 1.—Original Communications.

ARTICLE I.

Crural Phlebitis, occurring in the Male. By DAVID HUTCHINSON, M. D., of Mooresville, Ind.

Sept. 8th, 1850. James McNeff, *ætat* 12 years, large of his age, and of a sanguine constitution, was taken on the 6th, with chill, succeeded by high febrile action, which has continued without remission; pulse 120 per minute and sharp, though compressible; skin hot, tongue swollen, dry, cracked and red; complains of pain in the right hip and thigh, extending from the groin to the knee; the right foot is swollen; he says he cannot walk. Prescribed Calomel 12 grs., Morph. 1-2 gr., divided into 4 portions; to take a dose every four hours, to be followed by a dose of Castor Oil to act on the bowels.

9th. Fever all night: delirium, talks incessantly, frequent sharp pulse, 120 per minute, had two bilious looking evacuations from the bowels, tongue not quite so dry as yesterday, still swollen, coat yellow; still complains of pain in the groin and anterior part of the thigh; the inguinal region some swollen and very tender to the touch; thigh swelled. Prescribed 15 grs. Calomel, 1 1-2 grs. Ipecac, divided into five portions, one every three hours, to be followed by a dose of Castor Oil.

10th. Fever with delirium all night; slight remission of wo hours took place this morning, tongue coated, dry and

cracked; pulse sharp, small and frequent; had two thin bilious evacuations from bowels; some swelling of inguinal glands, thigh swelled, hot and tender along the course of the femoral veins; pain in the hip severe, which sometimes extends into the knee and popliteal space. Venesection 8oz., which produced quite an impression on the pulse; lotion of Plumb. acetas and Mur. Ammon. to the thigh; give Calomel 2 grs., Ipecac 1-4 gr., Morph. 1-8 gr., every three hours.

11th, Coat removed from tongue, not so dry and swollen, but red and fiery looking; fever and delirium all night, had a remission this morning and sweat a little; has had no operation from the bowels since yesterday; the cold lotion to the thigh gave him much comfort. Continue the lotion and give Calomel 2 grs., Ipecac 1-4 gr. every three hours till five portions are taken, to be followed by a dose of *Oleum Ricini* should the bowels not act, and 3 grs. quinine every two hours, should a distinct remission occur in the morning.

12th. Has had three green looking operations since yesterday; tongue dry, red and crusted; sordes on teeth; delirium at times; abdomen tympanitic; pulse sharp, small and frequent; thigh and hip continues to swell, says he struck his hip against a rail on a fence, before he got sick: he is so delirious that I do not know what dependence to place in this assertion; the hip shows no bruise nor mark of any kind. Gave him *Hydrargyrum Cum Creta* 3 grs., Morph. 1-8 gr. every three hours, blister to abdomen, and cold lotions to thigh, and quinine should a distinct morning remission occur.

13th. He rested better last night, he is not so delirious, the lotion diminished the pain and suffering in the thigh, he cannot be moved without suffering great pain; keeps his knee and hip slightly flexed with the foot everted. The femoral vein can be felt like a hard cord under the finger, together with some smaller cord-like substances. The anterior part of the thigh is very tender and he cannot bear it touched; pulse 100 per minute and sharp; tongue red, dry and crusted; blister

drawn well; tympanitis of bowels subsided; no discharge from the bowels since yesterday; sweats freely, and took the quinine in the morning remission. Prescribed Calomel 2 grs., Ipecac 1-4 gr. every two hours and lotion to the thigh.

14th. Had two operations from the bowels this morning of a vitiated bilious appearance, passed five *lumbrici*; pulse 100 and sharp; tongue dry, red, smooth and glossy; not so much delirium: pain in thigh severe; thigh hot, swollen and tender; leg begining to swell; he cannot be moved without suffering extreme pain. Gave Calomel 2 grs., Ipecac 1 gr., *Creta ppt.* 2 grs. every four hours, acetate of Ammonia as a diaphoretic; *Spigelia Marilandica* as an anthelmintic.

15th. Had several dark bilious stools, passed eight *lumbrici;* tongue not so red, still dry; sordes on teeth not so thick; pulse 100 per minute and sharp; thigh and leg swollen, painful and hot; the course of the veins can be easily traced from their cord-like feel. Continue lotion, and give 3 grs. Calomel and 1 gr. Ipecac every three hours.

16th. Much in the same condition as yesterday; no delirium; irritation of bowels diminishing. Continue the same treatment,

17th. Much the same; tongue inclined to scurf over, of a dry scaly appearance; pulse sharp, some symptoms of a mercurial impression being produced on the system; the pain in the thigh and groins not so great; complains of pain about the knee; right foot swelling. Give *Pulv. Dover* as an anodyne, and blue mass at night as an alterant.

From this, till the the 26th of the month, he appeared to improve in every respect, with the exception of the thigh and leg, which continued swollen and painful. It was more than double the other thigh; the skin was shining and glistening, and there was no pitting on pressure. He continued to take the blue mass and Dover powder; the pulse came down to 90, although it never lost its sharp beat. The discharges from his bowels became feculent and healthy looking, his appetite

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became good and craving; his whole body broke out in small pearly vesicles, (sudamina); his tongue lost its fiery appearance and assumed a pink healthy color and moist. On the 26th, a small discolored spot appeared to be sloughing on the sacrum, and another on the external maleolus of the right leg where it touched the bed, by his lying with his foot everted. He yet could not be removed, without suffering extreme anguish. The lead and ammonia lotion appeared to afford him greater comfort than any other local applications. He was blistered on the anterior part of the thigh, which relieved to some extent, the tenderness of the groin. Emaciation continued to proceed rapidly, although I endeavored to sustain his system by appropriate tonics and anodynes as circumstances demanded. On the 2d of October, the sore on the back was as large as a silver dollar and ulcerated to the depth of 1-4 of an inch. with hard elevated edges. The one on the external maleolus, was as large as a ten cent piece, and the foot was much swelled, pitting on pressure with the finger.—Groves' Liniment was applied to the bed sores, which consists of 2-3 dr. Castor Oil and 1-3 dr. Balsam Peru, which appeared to have a good effect on them and prevented further ulceration.

He continued much in the same condition, with good appetite and healthy, regular discharges from the bowels, complaining only of his leg and thigh, until the 9th, when hectic fever began to show itself in the afternoons, which would continue all night. The right foot begins to swell very much, the swelling extending up the calf of the leg, which pitted on pressure. He had also, a slight hacking cough, with slight expectoration of a very fœtid pus. On examination of the lungs with the stethescope, crepitant râles with a sonorous buzzing sound, were audible over the whole right lobes, particularly at the inferior portion: the morbid sounds were not so distinct in the left lobes of the lungs. The pain in the hip and thigh were mitigated to a considerable extent, although he could not be moved without excruciating torture.

On the 12th, the left foot began to swell, indicating effusion into it also; his appetite was good and bowels regular; he continued to cough and expectorate a fœtid pus: several more sloughing patches made their appearance on his back; the glans Penis inflamed and suppurating. I opened it with the lancet, it discharged a table-spoonful of yellow pus.

On the 15th, petechiäe, inky looking spots made their appearance on his fore arms. He complained of pain in the right arm and difficulty of using it, although it did not swell. Aphthae also appeared in the mouth. Suffice it to say, that the inferior extremities continued to swell, the skin shining and transparent, with pitting on pressure, indicating great anasarcous effusion; the petechiäe spread over his whole arms. He continued to cough up a very fœtid pus, which was very disagreeable to the attendants, and worn out with hectic, being greatly emaciated, and his feet and legs greatly swollen, on the last of the month, death terminated his sufferings.

His appetite was good, and his bowels regular till within three days of his death. I may state also that the temperature of the right foot was considerably below that of the left, for two weeks before his death, showing an impeded circulation, through the diseased veins of the right extremity.

Phlebitis generally occurs after injuries, surgical operations, &c., but in this case, no apparent cause was visible, he had enjoyed excellent health up to the period of the present attack. Dr. Robert Lee says, that from a number of cases and dissections, which he had made, crural Phlebitis is not peculiar to women who have been recently delivered, but that it may arise from other causes in the female, and that it has also occured in the male sex; the disease commencing either in the hemorrhoidal, vesical, or in some of the other branches of the internal Iliac veins in consequence of inflammation or organic changes of structure, in one or more of the pelvic viscerea, or in the superficial veins of the leg. Tweedie, Graves and Stokes, speak of it following fevers. In McNeff's case,

some of his discharges were of a dysenteric character, and probably the disease had its origin in some of the hemorrhoidal veins; the hectic, disease of the lungs, and the general ulcerative disposition of his skin, when it was in contact with the bed, was the consequence of purulent matter getting into the circulation from the diseased veins. In some of Dr. Lee's cases, similar consequences, took place. He relates cases of destructive inflammation of the eyes, and also cough and fœtid expectoration, in connection with crural Phlebitis. The same also follows injuries and surgical operations.

Part 2—Reviews and Notices of New Works.

ARTICLE I.

Materia Medica and Therapeutics, with ample illustrations of Practice in all the departments of Medical Science, and very copious notices of Toxicology, suited to the wants of Medical Students and Practitioners. By THOMAS D. MITCHELL, A. M., M. D., Professor of the Theory and Practice of Medicine in the Philadelphia College of Medicine; formerly Professor of Chemistry and Pharmacy in the Medical College of Ohio; Professor of Chemistry and Materia Medica in the Medical Department of Transylvania University, Lexington, Ky.; Lecturer on Obstetrics and Diseases of Women and Children; Author of "Elements of Chemical Philosophy," "Hints to Students," etc., etc., etc. Philadelphia, Lippincott Grambo & Co., successor to Grigg Elliot & Co., 14 North Fourth St., 1850, pp., 738, 8 vo. (From the Publishers, for sale by J. Keen Jr. & Brother, Chicago.)

This is a volume containing many excellences, and abounding in blemishes. It is not in our power at this time to review the work thoroughly, but we will endeavor to illustrate the remark with which this article is begun, by a rather cursory reference to Prof. Mitchell's book.

He begins by a long and somewhat rambling introduction, devoted partly to the purpose of a preface, and partly to the *modus operandi* of Medicines. In this he tells us that this volume contains the substance of his lectures as delivered during eleven winters at Lexington. He informs us that he has omitted a large amount of details of the Chemical, Natural, and Botanical history of medicines, supposing it to be better than to swell the volume by adding them. The plan is good, but the defence of it is radically bad. It is not because these details are unimportant, that an author is at liberty to omit them, but because they are sufficiently accessible to the profession

through other channels; and if we were disposed to be rigidly critical, we might say as much concerning quite a large proportion of the contents of this volume; for if the author had taught us only what was new, we apprehend a small *duodecimo* would have been more to the purpose than a corpulent *octavo*.

We quite agree with him in his belief that the alphabetical arrangement of the articles of the Materia Medica, is much better than any other method of classification, for it would be both burdensome and profitless to treat of a single article under two or more distinct classes. His remarks upon the *modus operandi* of medicines are judicious, and show an independence of hypothesis which is quite noteworthy; but we cannot see that they add greatly to our stock of knowledge on this difficult subject.

The most obvious fault of the book, one indeed which can scarcely fail to be recognized by the most superficial observer, is the inexcusable carelessness with which it is written. Many a lecture will pass muster very well before an audience, which when read will appear in quite another light; and many an anecdote which will set on some quantity of barren spectators to laugh, will be very flat in the perusal. A good lecturer will often prove an indifferent writer, and it requires something more than a good story-teller to convey the point of an anecdote in print. That these remarks are applicable to the work before us, we think no one who will read it can doubt. For instance we find the word *balance* used in the sense of residuum or remainder, and many other vulgarisms equally reprehensible in a standard author; whilst many stale anecdotes are violently lugged in, as it were by the head and shoulders, in the most *mal apropos* manner imaginable.

Another objection that presents itself, is the dogmatic and reckless manner in which the author makes assertions that are to say the least, matters of honest difference of opinion. We doubt whether this is proper even in lecturing before stu-

dents; but we do know that in the judgment of practical and intelligent physicians, such a method of procedure savors more of the pedagogue than the philosopher.

Passing over the first few pages of the volume, we come to the article *Alcohol*, under which the Professor pauses to consider the Temperance question. After entering his protest against the general use of alcoholic tinctures, he gives utterance to the monstrous assertion that "a large majority of the sots have been made so by the doctors, through the agency of alcoholic medicines." Now we venture to affirm that a more incorrect statement was never couched in bad English. The Professor's remark will doubtless be cited as authority by ranting lecturers, much to the disgust of rational people, and the detriment of the temperance cause. Sweeping assertions of this character, unsustained by any proof whatever, serve no purpose but to prejudice the cause, however good, that the author may advocate. A little further on, the Dr. undertakes to show that alcohol is a poison, although many doubt it. To sustain his position he adduces some curious examples; for instance one man "died in tantly after drinking eight pints of brandy for a wager," and another after drinking a [gallon, we suppose,] bottle of whiskey, and still another had his health seriously injured, by swallowing eight ounces of alcohol, and a boy was nearly destroyed by drinking a pint of gin. Now most intelligent physicians of the present day are agreed, that the habitual use of alcoholic liquors, in moderate quantity, by persons in good health, is much worse than useless; but we apprehend that Dr. Mitchell is the first one to whom it ever occurred, to substantiate the doctrine by citing such terrible illustrations of the fatal effects of enormous quantities of liquor. No man in his senses will doubt that eight pints of brandy drank at one sitting, would kill any man, so, probably, would the consumption of fifty pounds of bacon at a single meal. We are well aware that eight ounces of alcohol at a draught, would produce serious derangement

of the digestive and nervous system; but five gallons of milk could not be taken at once without serious inconvenience. So far the argument is as strong against the bacon and milk, as against the alcohol, and this is precisely where the Dr. leaves it. He does not cite either authority or example, which are so abundant, to show that the habitual use of wine, brandy &c., begets diseases of the stomach, liver, and brain, with dropsies, gout, apoplexy, *et cetera*; but simply endeavors to prove that brandy in any quantity must be injurious, because eight pints of it will kill a man; a more obvious *non sequitur* one cannot imagine.

A little further on our author illustrates the moral effect of wine-bibbing, by such apposite illustration as the following: "*Plutarch's Morals*, published in 1718, at London, has these remarks: 'They usually prove wine-bibbers and drunkards, whose parents begot them when they were drunk; wherefore Diogenes said to a stripling somewhat crack-brained and half-witted, 'surely, young man, thy father begot thee when he was drunk.'' And Burton, in his celebrated work, called *Anatomy of Melancholy*. remarks, 'If a drunken man gets a child, it will never, likely, have a good brain.' The reasoning connected with these reflections is too copious for our present purpose, but suffices to show that alcohol is the most persuasive of all poisons, and the most ruinous by far, to society.

Now we protest against all such temperance arguments as Prof. Mitchell's and hope that in his next edition he will see fit either to modify or omit them.

One recommendation of the volume is, that it is not burdened as some works on Materia Medica, with a long list of articles, which have ceased to be used by the profession, and another is that the author seems to have well kept in view, his intention to make the work as practicle as possible.

As we observed before, we cannot review the volume, at any great length, but have merely hinted at its prominet merits and defects. We have no hesitation in saying that it contains a great deal of useful information, and a rigid revision would secure it a much better reputation than it can ever attain in its present shape. M.

ARTICLE II.

On the Causes, Nature and Treatment of Palsy and Apoplexy: of the Forms, Seats, Complications, and Morbid relations of Paralytic and Apoplectic Diseases By JAMES COPLAND, M. D. F. R. S., Fellow of the Royal College of Physicians; Honorary member of the American Philosophical Society, and of the Royal Academy of Medicine, of Belgium, Fellow of the Royal Medical and Chirurgical Societies of London and Berlin; lately consulting Physician to Queen Charlotte's Lying-in Hospital; Consulting, and lately Senior Physician to the Royal Infirmary for Diseases of Children; formerly Senior Physician to the South London Dispensary, etc. etc. Philadelphia, Lea & Blanchard, 1850, pp., 326, 12 mo., (From the Publishers, and for sale by S. C. Griggs & Co.)

This excellent and elaborate monograph is from the pen of the eminent author of the Dictionary of Practical Medicine, in which a portion of the volume has already appeared. But excellent and elaborate as it is, the volume does not present to our notice much that is really new, concerning the nature and treatment of Palsy and Apoplexy. Indeed, our author refers more frequently to old than modern authorities; and lays more stress on discoveries and doctrines promulgated by himself thirty years ago, than upon anything he has latterly achieved. But as a clear and concise summary of the present state of our knowledge of the diseases treated of, abounding in references to a vast array of authorities, both ancient and modern, all comprised in a small compass, it is certainly worthy a place in every Physician's library.

We apprehend that the most interesting portion of the volume, is that which treats of the connexion and complication of Palsy and Apoplexy with other diseases. These connections, according to our author, are not only important, but various and perplexing, in many cases rendering a diagnosis extremely difficult. We find these diseases in many cases con-

nected with, or related to Insanity, Epilepsy, Chorea, Neuralgid, Hysterics, and even Rheumatism, requiring the most consummate skill and discrimination, for their proper diagnosis and treatment. These complications Dr. Copeland appears to have investigated with much attention, and we regard the results of his labors as very valuable.

Whilst giving due credit to other authors, for their discoveries in this department of Medicine, our author takes occasion to remind us in very emphatic terms that he will insist on having credit for his own,—that the laurels he has plucked, he will wear, gainsay it who may. This is all well enough. There are plenty of Medical as well as literary pirates, and for our own part, although as tender-hearted as Uncle-Toby himself, we can see them strung up at the yard arm, with entire complacency. Some may think Dr. Copeland a little querulous on this topic; but if a man does not defend his own right, it is morally certain no one else will. M.

ARTICLE III.

Researches upon the Necropolis of New Orleans, with brief allusions to its vital Arithmetic. By BENNETT DOWLER, M. D. &c.

Dr. Dowler is noted for his patient, industrious researches, and the present pamphlet is evidence that there is at least one physician whose conscience does not warn his feet from the cemetery. The pamphlet before us is written in defence of the salubrity of New Orleans, concerning which, the Dr. assures us, people have very erroneous notions. That the rate of mortality is excessively great in that city, he does not pretend to deny; but his inspections of the epitaphs in the cemeteries, go to show that the great destruction of life is amongst emigrants and other unacclimated persons, while the native

and acclimated population attain to as great an age as elsewhere. He makes out a pretty strong case, and we are pleased to learn that the "Wet Grave-yard" is not such a terrible place as it has been represented.

While we are disposed to commend Dr. Dowler for the enthusiasm and industry which he has so abundantly displayed in the cause of Medical science, we regret to notice that his articles are so obnoxious to literary critcism. The style is at times labored, and frequently obscure, with a tendency to digression: there is also a fondness for the use of *outre* phrases, which are a serious blemish to a style which in the main possesses much vivacity. M.

ARTICLE IV.

On the comparative liability of Males and Females to Insanity, and their comparative curability when insane. By EDWARD JARVIS, M. D., of Dorchester, Mass., pp. 32, 8 vo. (From the Author.)

This is an extremely interesting and valuable document. We regret that our limits will not permit us to quote largely from it; we must therefore content ourselves with a mere statement of the author's conclusions.

It would seem that males are more liable to insanity than females, although some countries are an exception to the rule; for instance Belgium and Norway. This is what we would naturally infer from the fact that men are more exposed to the exciting causes of the malady. Amongst males by far the most frequent cause of insanity seems to be intemperance, next to this is hereditary tendency: amongst women the most powerful cause is impaired health; and next to this ranks domestic trouble. Women also appear to be more frequently than men, affected with hereditary insanity.

From the reports of 189 Lunatic Hospitals, we find that

amongst the males the recoveries amount to 40,6 *per cent.*, amongst the females to 43,9 *per cent.* Dr. Jarvis' explanation of this singular fact is doubtless as correct as it is philosophical. It amounts to about the following: That the causes which beget insanity in the male, are such as frequently produce structural lesions, whilst amongst females the preponderating causes are functional derangements. With this fact in view, we have no difficulty in reaching the third proposition in this pamphlet; that the rate of mortality of the insane, is much greater amongst males than females, the ratio of the latter to the former being as 15 to 21.

From pretty extensive research, Dr. Jarvis concludes that the ratio of mortality from nervous diseases is much higher among males than females, including both sane and insane. Of 2,169,875 deaths, of which 1,163,198 were males, and 1,066,677 females, 16,15 *per cent* of the males, and only 13, 85 *per cent* of the females died of nervous disorders. This little piece of statistics will doubtless astonish those doctors who are always assuring the ladies that their complaints are "all on the nerves;" or, supposing that women are really more liable than men, to nervous disorders, it may serve to explain the origin of the old saying, that "a sickly woman never dies."

M.

ARTICLE V.

Human Physiology. By Robley Dunglison, M. D., Prof. of the Institutes of Medicine in Jefferson Medical College, Philadelphia; Vice President of the Sydenham Society of London; Secretary to the American Philosophical Society, etc., etc. With nearly five hundred illustrations—seventh edition, thoroughly revised, and extensively modified and enlarged. In two volumes. Philadelphia, Lea & Blanchard, 1850, pp., 1416, 8 vo. (From the publishers, for sale by S. C. Griggs & Co., Chicago.)

As this is a standard work already well known to the profession, we have merely to say that the author has bestowed

much labor on this edition, in order to bring it up to the present state of Physiological knowledge, and has enriched it by the addition of numerous illustrations. We cannot but think that the motto prefixed to the work is unfortunate.

"Vastissimi studii primas quasi lineas circumscripsi." It is enough to discourage the most resolute beginner in physiology to be informed that these portly volumes are merely *primas quasi lineas.* M.

ARTICLE VI.

A Treatise on the Diseases and Physical Education of Children. By JOHN EBERLE, M. D., late Prof. of the Theory and Practice of Medicine in Transylvania University, &c. &c. &c. Fourth edition, with notes and large additions, by THOMAS MITCHELL, A. M., M. D., Prof. of the Theory and Practice of Medicine in the Philadelphia College of Medicine; late Prof. of Materia Medica, and Therapeutics in Transylvania University; lecturer on Obstetrics, and the diseases of women and children, &c. &c. &c., Philadelphia, Lippincott, Grambo & Co, successors to Grigg, Elliot & Co., No. 14 North Fourth St., 1850, pp., 768, 8 vo. (From the publishers. For sale by J. Keen Jr. & Bro., Chicago)

Prof. Mitchell informs us that he had it in contemplation to prepare a new work on the Diseases of Children; but the fact of the publishers having in their possession the stereotype plates of Eberle's work, induced him merely to add a supplement thereto. We think his original design was the best, for we do not think a new edition of Eberle was called for, and the possession of stereotype plates surely was not sufficient reason for its publication. When Eberle's work was published, it was a very fair book, but no physician, who has kept pace with the improvements in this department of Practicpl Medicine, would now recommend it as a guide for students.

In the sequel Dr. Mitchell has given a very interesting and pretty complete summary of the existing condition of this branch of Practical Medicine, although he has allowed some matters to escape his notice, for instance he has made no mention of Dr. Brainard's method of treating Spina Bifida, which we think he might have noticed, and which, to say the least, would have been interesting to his readers.

The book is beautifully printed on very good paper, and is very substantially bound. M.

ARTICLE VII.

First Book on Anatomy, Physiology, and Hygiene, for Grammar Schools and Families.

A Treaties on Anatomy, Physiology, and Hygiene: designed for Colleges, Academies, and Families. By CALVIN CUTTER, M. D., author of Anatomy, Physiology, and Hygiene, for Colleges, Academies and Families; second book on Anatomy, Physiology, and Hygiene, for Academies, Schools and Families; anatomical outline plates for schools, &c. Boston, Benjamin B. Mussey & Co. (From James Andrew, 42 West Randolph St., Chicago.)

Some one in commenting on the adage that, "A little learning is a dangerous thing," takes occasion to remark that no learning is still more dangerous, and we quite agree with him. At any rate it cannot injure boys and girls to study the fundamental truths of Anatomy, Physiology, and Hygiene. These volumes are well designed to fulfill this purpose, and we therefore cheerfully recommend them to the notice of Physicians, Teachers, and the community at large. M.

Part 2.—Original Communications.

ARTICLE I.

Notice of the Report of the Committee on Medical Sciences, of which Usher Parsons, M. D., of Rhode Island, was Chairman. By A. B. Palmer, M. D., of Chicago, Ill.

This report, occupying fifty pages of the published transactions of the National Association, for 1850, is before us, and we are happy to find that the Committee not following the course of their predecessors, have obeyed the "regulations" under which they were appointed, and have confined themselves to the consideration of "the progress of the Medical Sciences in *America* during the year of their service."

By treating only of subjects assigned to them, and confining their researches to this country, and the year of their service, their report is rendered much shorter than that of the preceding year—a circumstance we do not regret. These reports have been too lengthy to be listened to by the Association before being referred to the Committee on Publication, thereby endangering the putting forth of sentiments not approved by that body; and they have been too voluminous to be embraced within a volume of convenient size. We have brought to us in the various foreign Retrospects and Abstracts, a very perfect synopsis of the improvements in the various departments of the profession abroad, rendering their re-publication here unnecessary; while the accounts of the improvements in our own country are scattered through numerous local journals, or exist only in the private note-books of experimenters and observers, and require to be judiciously collated, for preservation and reference. We agree with the committee in the opinion, that there is a greater evil than the inconvenient length of the reports, in the introduction of mat-

ers from abroad. "It impairs the vigilance and industry necessary to the accumulation of intelligence purely American." They justly say, "in a country so widely extended, it is a laborious task to gather materials for such a purpose. Many interesting facts must occur which never come to the knowledge of a committe, even when foreign matter is excluded, and still more must this be the case when the labor of collecting domestic matter can be diminished by substituting foreign."

We cannot but express the hope that the example of this committee in strictly adhering to the letter and spirit of the law of the Association will be followed by all the committees of that body hereafter.

In pursuing the proper subject of the report, the committee have contented themselves with presenting an abstract of the labors and conclusions of others without often making suggestions or expressing opinions of their own.

Under the head of *Anatomy* and *Physiology*, the first subject referred to, is the "Arrangement of the Cancelli in Bones," by that very excellent Anatomist, Prof. Jeffries Wyman of Harvard University. His general conclusions are thus briefly stated:

"1. The cancelli of such bones as assist in supporting the weight of the body, are arranged either in the direction of this weight, or in such a manner as to support and brace those cancelli which are in that direction. In a mechanical point of view, they may be regarded in nearly all these bone as a series of 'studs' and 'braces.'

"2. The direction of these fibres in some of the bones of the human skeleton is characteristic, and it is believed has a definite relation to the erect position, which is naturally assumed by man alone."

It would appear from the statements and illustrations given, that in the minute structure of the bones, as indeed is the case in every part of nature, the most accurate adaptation of means to ends is observed. To this conclusion, as we advance in the knoweldge of nature, we should expect to be

brought ever; yet each new illustration of the principle of universal adaptation and design, adds an item to its confirmation.

The next subject presented in the report, is the "Capacity of Crania in the different races of Man," as shown by the investigations of Dr. Samuel G. Morton, Author of "*Crania Americana*:" but as these facts have been so generally published in the Journals, specifications of them here are not deemed necessary.

While the researches of Dr. Morton have shown that the capacity of the Negro Cranium is greater than that of several other varieties of the "family of man," some observations of Dr. John Neill of Philadelphia, next referred to in the report, seem to indicate that the African race is a lower variety of the species than any of the others whose skulls are found in the immense collection of Dr. Morton which adorn the Halls of the American Academy of Natural Sciences. The principle and facts from which this conclusion is drawn, are the following:

Professor Agassiz has propounded the law, that "in the different formations through which animals pass, from the first formation in the embryo up to the full grown condition, may be found a natural scale, by which to measure and estimate the position to ascribe to any animals." According to this law, the persistence of a fœtal stage of formation in the adult, would mark the race to which it was peculiar as a lower variety. Dr. Neill has shown by extended observation, that certain embroyic conditions continue in the African cranium with vastly greater frequency than in any other race which has been examined; and that these conditions are not found at all in the crania of Caucasians.

One of these fœtal peculiarities, is "the division of the articulating surfarce of the occipital condyle into two faces by a transverse ridge or groove." Another is, "the absence of a sharp edge at the lower boundary of the anterior nares,

running from the superior edge of the nasal process to the anterior nasal spine," and other bones of the Negro skull, Dr. N. alledges, exhibit similar facts.

Of the correctness and and universal applicability of the law stated by Prof. Agassiz, and of the significance and importance of these alledged peculiarities in the bones of the African head, we are not prepared to express an opinion, but will venture the remark that the position which the Negro should occupy in the scale of rational and social beings, must be determined by other circumstances than such slight anotomical peculiarties as are designated by Dr. Neill. These, with other physical peculiarities, however, will have their influence in determining his position in natural history.

We further learn on the subject of the different Races of Man, from our report, that P. A. Brown, L. L. D., of Philadelphia, maintains in oppostion to the opinion of Dr. Prichard, that the covering of the head of the Negro is wool and not hair. Dr. B. sustains his views by microscopic observations according to which, hair is more complex in its structure than wool.

An improved method of vascular injections for Microscopic Researches, by Dr. P. B. Goddard of Phila., and a new mode of "Direct Exploration of the Eye," by Dr. T. Wood of Cincinnati, are briefly referred to.

Dr. Bennett Dowler's experiments of the Motor Powers, made by vivisections of the "Great Saurian of Louisiana," and the singular results produced, are next noticed. With these, the readers of this Journal have been already furnished. The committee say, that "Dr. Dowler is a bold experimenter, and his laudable zeal and industry have already added many valuable facts to medical science, and we doubt not his future labors will either strengthen or correct the opinions he has advanced." As the task of drawing up the next Report on Medical Science will devolve on Dr. Dowler, we shall expect that his labors in his favorite field, during the present year, will not be abated.

The report states that on the subject of the Formation and Developement of Organic Cells, the essential organic element of animal and vegetable bodies, some of the statements of Schwann and Schleiden, which have been the received doctrines since their discoveries, as applicable to all living forms, has been questioned by Dr. W. J. Burnett, in a communication laid before the American Association for the Advancement of Science, at its late meeting in Cambridge.

The statement of the German discoverers is, that nuclei appear in organisable liquid, and that the growth of cells is *upon* and *around* these nuclei, while Dr. Burnett's observations on epithelial cells of the mucous membranes, and on pus-cells, the result of inflamation, have brought him to the opinion, that the nuclei themselves expand into hollow spheres, containing a fluid at first clear, then cloudy, at length giving rise to nuclei, developing in this way a neucleated cell. These nuclei expand into cells as before, bursting the original one, becoming themselves possessed of nuclei, and thus the multiplcation and growth goes on. These discrepancies of opinions among microscopic observers, upon points hitherto considered sufficiently established, must tend to destroy confidence in the precision and accuracy of their observations.

We next find a notice of some observations by Prof. J. W. Draper of N. Y., on "Allotropism in the Living Organic Elements," which we regard of sufficient interest to introduce entire.

"It is not necessary to explain the meaning of this term, which is applied to ignorganic and elementary bodies that appear in differen forms, assuming different physicsl and chemical relations. The three leading neutral nitrogenized bodies, fibrin, albumen and casein, are in a remarkable manner allotropic. First, they are mutually convertible, hardly deserving to be called distinct substances more than charcoal, plumbago, and diamond, allotropic forms of carbon. Again, each one of them easily assumes new forms; one variety of fibrin being soluble in water, another being not so, &c.

"Of the agents which, in the inorganic kingdom bring about these changes, the imponderable principles are the most important. Dr. Draper believes that the nervous system has a similar power of changing the allotropic condition of these proximate elements of the body, and that the existing allotropic state of an organized molecule determines whether it shall yield to the oxidizing influence of arterial blood, or not, 'that this is the fundamental fact on which all the laws of intertistial death depend.' He suggest that inflamation may begin by an allotropic change in the soft solids of the part, disposing to more active oxidation. Hence, according to the laws of circulation he has formerly so beautifully developed, an increased afflux of blood would result. Hence, too, a higher proportion in the urine of urea and sulphuric acid, results of the oxidation of the proximate elements above named. In congestion, these conditions are all reversed. This view seems to harmonize with the facts, and presents them more clearly to our minds."

The report proceeds to state some experiments of Prof. J. Blake of St. Louis, for the purpose of ascertaining the quantity of blood in the body, which led the experimenter to conclude that the quantity is less than has been supposed. The weight of the blood of a Dog, the animal experimented upon, is estimated at one-eigth, or one-ninth of that of the whole animal.

The subject of Lymph-Corpuscles being visible in Dried Blood under the Microscope after moisteing, and where the colored blood-discs could not be recognized; of the relation of the Nitrogen of the Air to Respiration and Voice, by Prof. Moultrie, and of Parasitic Life by Dr. Leidy of Philadelphia, and Dr. Bowditch of Boston, are successively referred to. A practical remark respecting the animal and vegetable parasites that affect the human teeth, by Dr. Bowditch, is worthy of record—it is that Tobacco Juice and Smoke did not impair their vitality, neither did most of the popular tooth-washes, while *Soap* destroyed them instantly. Pure White Soap he therefore recommendsa s by far the best substance for cleansing the teeth.

The subject of Endemic, Epidemic and Contagious Diseases, next occupies the attention of the committee. The work of Prof. J. K. Mitchell on the cryptogamic origin of Malarial and Epidemic Diseases is named, and the pamphlet of Prof. J. Knight, on the propagation of communicable Diseases, and the articles of Prof. S. H. Dickson on the same subject are epitomised. The conclusions to which Dr. Knight arrives on this subject, are briefly stated as follows.

"1st. All febrile diseases, of a typhoid and malignent type, depend upon, as their predisposing cause, a certain endemic or epidemic constitution of the atmosphere. What this state is, is entirely unknown.

"2d. This epidemic constitution, aided by the common exciting causes of disease, is at times sufficient to produce them.

"3d. Whenever this epidemic constitution is present, they will be communicated from the sick to the well, and the communicability is a common cause of their propagation."

Prof. Dickson mentions two essential characters of contagion. "The matter which produces such disease, must be germinal and self-multiplying, and this reproduction must depend upon or be favored by the very process of disease which itself gives rise to. The essential matter of contagion is not isolated and examined by itself, and is too minute to be studied with the microscope. It exists in the cells of cancers —in the newly produced fluids of the exanthemati—in the pus-globules and ichor of certain specific diseases—in conection with animalcula or fungus vegetation—and lastly, diffused through the blood or certain normal secretions. But it is distinct from all these visible forms which accompany it—it is contained in these fluids—associated with these organic forms, but is not identical with them. In febrile contagious diseases the contagious matter radiates, but in non-febrile contagious diseases, contact is necessary to propogation. He further suggests that *perhaps* the germ of variola may grow and multiply in another nidus than the human body, which is its abitation."

With this view of contagion, he regards typhus, pertussis, puerperal fever, dysentery, yellow fever and cholera, as they become epidemic, are self-propagating, and easily spreading from a focus, as necessarily contagious. He particularly insists upon this being the case in regard to cholera, and that its germ is proved to be organic and have its nidus in the human body. In the case of typhus, pertussis, puerperal fever and dysentery, and we might add erysipelas, facts decidedly favor this view; but in the case of cholera, the writer of this article is decidedly of another opinion.

On the subject of contagion and infection, there seems much vagueness of thought and expression with many writers, and we are sorry to class Dr. Knight among the number. Dr. Dickson goes farther down to the foundation of his subject, and considers the question of the cause and essential nature of contagion, and properly, as we think, places it in a material and specific poison—a substance, the particles of which are too minute to be seen by glasses, but which nevertheless have a distinct physical existence, probably organic. We place the cause of infectious diseases in a similar *Materia Morbi*; but we, unlike Dr. Dickson, make a distinction between infection and strict contagion; and our distinction is this—that in a strictly contagious disease the *Materies Morbi* is ordinarily produced and multiplied only in the bodies of persons laboring under the disease, while in an *infectious* disease the material cause is produced and multiplied exterior to, and independent of the body in a state of disease. In this latter class we place the poison which produces Cholera, and we therefore consider this an infectious, not a contagious disease. The poison of an infectious disease may be portable—may be carried on ship-board from New York to Folly Island, or New Orleans, as it has been carried—or may be spread by its own independent and inherent powers of multiplication, when circumstances are favorable, for many miles across uninhabitated and untraveled deserts, as we believe it has been known

to have been. It may select particular localities in a city—particular sides of streets—particular stories of buildings—like swarms of insects or clouds of fungous sporules—may appear most abundant where conditions of soil, atmosphere, moisture, electricity, &c., are most favorable for its existence and multiplication—it may spread rapidly and exist in large quantities where these are favorable—or if germs be brought into localities in these respects unfavorable, they may fail to multiply, or succeed to so limited an extent as to show only slight signs of their existence, affecting only persons most strongly predisposed, and soon disappear. We shall not attempt to say what this poison is—whether an *animacule*—a vegetable sporule—an organized germ cell, or a chemical product formed from elements in the atmosphere. One of the four we conceive it must be, which, we do not know; but of one thing we are confident, that upon the hypothesis of a material poison, as the cause of cholera, produced and multiplied independently of the bodies of the sick, *all* the facts in this widely spread, terribly fatal, and ever identical disease, can be accounted for; and *only* upon this hypothesis *can* they be accounted for.

As a single argument against the doctrine of the contagion of cholera, we mention the fact sufficiently attested by observation, that in a locality where the disease is prevailing, those in close proximity and contact with the sick, are not a whit more liable to an attack, than those who avoid such proximity and contact. Location makes a difference, but the presence of the sick does not. There is not, to our mind, the slightest evidence, that, as in the case of small-pox, the poison is produced in the bodies of the sick, and communicated from their bodies to others, which is the essential quality of contagion, but all the evidence tends to the conclusion that it is not.

These remarks may be considered dogmatical; assertions without proof; but we must be content for the present with a mere statement of some of our opinions on this subject, not

having space in this article for an extended reference to facts, or for a course of arguments to illucidate and sustain them.

Irregular Malarial Diseases by Prof. Kirtland; Re-Vaccination by the late Dr. Fisher of Boston; the Pathology of Cholera, from theexcellent "Report on the Cholera in Boston in 1849"; and from the committee appointed to examine the condition of the intestines in this disease, by the College of Physicians of Philadelphia, are next noticed by our committee; and although possessing interest, yet not much novelty, we are compelled for want of space to pass them over.

A valuable contribution from Prof. Austin Flint, on "Serous Effusions into the Cavity of the Arachnoid," is next presented. This pathological condition, Dr. Flint considers as having been generally and improperly overlooked of late; believing it, as he does, a frequent cause of death. The fluid during life gravitates towards the spine and presses on the Medulla Oblongata, producing derangement of the functions whose nerves are derived therefrom, viz: respiration and deglution. Dr. F. thinks this effusion liable to occur as an incident in the course of various affections, being immediately produced by celebral congestion, and without premonitory symptoms by which it can be predicted; that it is not an unfrequent cause of sudden deaths, such as are ascribed to cerebral congestion, or effusion within the ventricles; and that it causes death by *apnæa*, from pressure on the medulla oblongata.

It is distinguished by the sudden developement of grave cerebral symptoms as coma without paralysis; disordered respiration, without proportionate disturbance of circulation; lost or impaired deglutition without disorder of intellect, if the patient can be aroused—all these symptoms not preceded by signs of meningitis, and rapidly and almost surely tending to a fatal result by suspension of respiration. He expresses doubts whether much can be expected from treatment.

We regard the subject as one of much interest, and which requires further investigation.

A new form of Cerebral Disease, described by Dr. L. V. Bell of the McLean Hospital for the Insane, Massachusetts, is next presented; and as Dr. Bells observations are of much interest, and are well condensed by the committee, we shall give their language on the subject nearly entire. We the more readily give place to this, as those having charge of institutions for the Insane are constantly complaining of the mistakes of physicians in cases of insanity generally, and particularly in those of this kind. They state that cases are often sent to Hospitals which from their rapidity had better be kept at home, while others are not sent sufficiently soon; and they also complain of the too general, profuse and indiscriminate abstraction of blood, and the too free use of other depleting measures. Whether these complaints are in all cases, well founded, we are not prepared to say; but the fact that they are so generally made by those who make insanity a specialty, is sufficient to arrest the attention, and call for the deliberation of every medical man. The report says,

"This new form of disease, often witnessed in hospitals for the insane, which, though generally passing for acute mania, really differs from that and every other affection of the brain, and may be easily recognized after being once noticed. It is marked by the following peculiarities: It attacks abruptly, and generally within a week compels a resort to the hospital. The want of sleep has then become extremely urgent. There are no signs of undue arterial action in the pulse. The delirium is suspended for a moment or two by an effort of attention. There is a loss of appetite and loathing of food, accompanied with the idea of its being poisoned or filthy. The hallucinations are characterised by an indefinite sensation of distress and horror, and the patient is not easily soothed by management, as in other cerebral affections. Although resembling at first sight the advanced stages of typhoid fever, especially in its delirium, it has none of the characteristic external marks of this disease. It is for the most part fatal, and runs its course, whether to death or recovery, in three or four weeks. It differs from mania in the following particulars. The mental disturbance is rather the delirium of bodily disease than of mania. The loss of appetite, want of sleep, and

especially the sudden loss of strength, are seldom witnessed together in mania. The rapidity of its course, too, may be considered as a diagnostic symptom. It is distinguished from delirium tremens by the absence of the cause; by the character of the hallucinations, which are indefinite impressions of personal danger and sinfulness, rather than serpents, devils, sheriffs, vermin, &c.; by the absence of the pathognomonic perspiration of delirium tremens; and by the fact that the latter is limited to eight or ten days, generally terminating in recovery after a long and refreshing slumber. From meningeal inflammation it differs, in wanting the pulse of inflamation, in the absence of pain in the head, of intolerance of light, and of high raving delirium, all which are usually present in meningitis. The only treatment which seems to promise relief, consists in opium, and the alcoholic and diffusible stimuli liberally used.*

The committee next refer to "Etherization in Insanity." It appears from the statements of Dr. Ray of Butler Hospital, R. I., corroborated by Dr. Bell, that only slightly beneficial effects are produced by it.

The report next gives a summary of a communication from Mr. J. B. Richards, Principal of the School for Teaching and Training of Idiots, at South Boston, Mass. This State usually among the first in the prosecution of every good work of Science and Benevolence, has established this experimental School, numbering last March, when we had the pleasure of visiting it, some twelve or fifteen children and young persons, selected with with a view to variety, from the different classes of idiots; ranging from those that are merely simpletons, down the lowest grade of helpless deformity, and pitiable amensia. The plan of management appears simple and philosophical; and the improvement made in the condition of many of those unfortunate beings, according to the statements of the Principal, who is evidently entirely devoted to his pursuit, is highly gratifying.

According to the communication of Mr. Richards to the

*American Journal of Insanity, October, 1849.

Committee, out of 403 cases of idocy investigated under the auspices of the State, 302 were congenital, throwing the responsibility of three fourths of the cases upon the parents, and the intimation is made that the condition of the remainder would have been greatly modified, had their parents possessed good constitutions, and observed the laws of health, as *every parent* should do, who takes the responsibility of bringing a human being into existence.

The report proceeds: "Believing that idocy results in a great measure from a low condition of the parents' vital forces, Mr. Richards enumerates the following agents which produce this condition; alcoholic drinks, licentiousness in all its forms, gluttony, exhaustion from too great mental or physical labor, weakness resulting from the want of sufficient mental or bodily exercise, low and insufficient diet, and unhealthy occupations."

A tabular view of a large number of cases showing their particular causes so far as could be ascertained is given—but our space will not allow us to transcribe it. In those cases not congenital, perverted sexuality is by far the most frequent cause.

We have traveled somewhat out of our way in noticing this school for the education of idiots, because these unfortunate beings, many of them susceptible of great improvement, have been almost universally neglected, so far as public systematic efforts are concerned, to improve their condition, this institution being the first of the kind, at least of a public character, ever undertaken in this country.

Neo-macropia—or a peculiar kind of abnormal vision not before noticed, by Prof. C. Dewey; a case of *Spontaneous Hydrophobia*, by Dr. Condie; Augina Pectoris. by Dr. S. Kneeland of Boston; Cerebral Symptoms in Heart Disease, by Drs. Flint, and D. J. C. Cain, are next successively noticed. On the subject of the pathology of Augina Pectaris, Dr. Kneeland comes to the conclusion that the disease con-

sists in derangement of the *moter filements* of the par vagum, and that this nerve may be affected with "Neuralgia and rheumatism, with inflamation, it may be compressed by morbid growths; its spinal origin may be compromised by hemorrhage, accidental wounds, and various irritations, all of which may cause the symptoms of this affection." He adds that "in addition to the remedies of the books, special attention should be given to the inhalation of oxygen, and to the use of electricity."

The causes of Pulmonary Consumption are next briefly referred to. Dr. Condie stated, that "since more attention had been paid to the collection of correct statistics, consumption has been shown to be the disease rather of civilized life than of locality or climate." High southern, and high northern latitudes are now considered nearly alike favorable to the developement of the disease. "Besides hereditary influence, long-continued sedentary occupations, indoor confinement, particularly in narrow, ill-ventilated apartments; insufficient nutriment, close mental occupation, unbroken by relaxation and active exercise, and anxiety of mind," are reckoned among the most prominent causes of the disease. These latter views, though not novel, cannot be too frequently reiterated, or too constantly borne in mind. The great relative importance of hygienic management in the treatment, as well as prevention of this disease—is now universally acknowledged.

Prof. C. Hooker's essay on Intestinal Auscultation, favorably noticed by the committee, we must pass over, as well as Dr. Breed's experiments with plasters of cantharides, hot water and steam, combined with pressure, upon his own flesh.

We will simply state, however, that these experiments brought Dr. Breed to the following conclusions: "1st. That evaporation is not essential to the formation of a blister."

"2d. That a certain degree of pressure will prevent the

formation of a blister." And they brought us to this conclusion, that Dr. Breed of Cambridge Laboratory, is *warmly* engaged in the cause of science.

We can only name several other subjects of more or less interest, treated of in the report, viz: "Urinary Calculi"—"Causes of Mortality in Children of the two sexes;" "Influences operating to change the number of births;" "Mode of Actions of Poisons;" under which last head the continued experiments of Dr. Blake of St. Louis, calculated to show that poisons act alone by absorption, are mentioned. "Poisoning by Cedar Oil;" "Effects of Strychinia and Hydrocyanic Acid;" "Chloroform as an antidote to Strychinia;" under which head it is stated that two drachms of Chloroform swallowed, counteracted in fifteen minutes the manifested effects of three grains of Strychnia in Solution. "Comparative effects of different Anæsthetics;" "effects of Anæsthetics on Vegetable Organs;" "Action of different waters on Lead Pipes;" "Relation of Lead to Air and Water;" and "Moisture Ammonia, and Organic matter in the Atmosphere."

The last subject of science dwelt upon in the report, is the much talked of Ozone. On account of the interest this subject may naturally be supposed to possess with the readers of this Journal, we give the language of the committee upon it entire.

"This substance has come into notice during the year past from its supposed connection with catarrhal diseases, as noticed in Europe; and with cholera, as suggested by physicians of Chicago. The nature and even the individuality of ozone are not quite determined. Professor Peter has published interesting observations on this subject. He tested the amount of ozone in the air at Lexington by the usual means, a strip of bibulous paper being smeared with a paste of starch and a solution of pure iodide of potassium. His observations were daily, from June 30 to August 12, being not far from the complete period in which cholera prevailed at Lexington. There was no constant relation between the probable amount of ozone in the air and the daily number of deaths; the indica-

tions of ozone did not cease with the cessation of cholera; and it would seem that the principle which discolors the iodide of potassium is rarely absent from the atmosphere.

"Some considerations unfavorable to the supposed influence of ozone are these: Ozone is a vaporous or gaseous substance and must tend to diffuse itself equally, which the cholera does not. If ozone is produced by electrical causes, it certainly must be present in the atmosphere of South America, which is known to be remarkably exempt from the epidemic. As the slow combustion of phosphoros produces ozone, workmen in manufactories of friction matches should suffer from the diseases produced by it. The ozone theory of cholera, on the whole, is not sustained."*

Professor Ellet made analyses of the air in New York, under the auspices of the Board of Health, during the prevalence of cholera in that city. His results were wholly negative in regard to the prevalence of any foreign matter in the air. As to ozone, he says, 'I was forced to the conclusion not only that no such peculiar principle or condition existed in the atmosphere at the time, but that the experiments of those European chemists who have announced the production, by artificial means, of such a new form of matter, or such a modified or 'allotropic' condition of any of those forms previously known to us, are unsatisfactory.'†

Prof. Horsford has observed that ozone, subjected to a heat of 130° Fahrenheit, loses its properties.

The report closes by recommending the restriction of the future committees of the Association, to the letter of its existing regulations, viz: *to improvements in the respective branches assigned them, during the year of their service*; (with which sentiment we are constrained to repeat our hearty concurrence;) and by an allusion to the increasing extent of our country, and its multiplying facilities for scientific advancement. Agassiz, Guyot, Horsford, Wyman, and Leidy, are alluded to, (and there might have been added Clark, and Draper, and many others,) as those whose light like the rising sun, is gilding the east, and spreading its beams over our wide-spread country. Considering the impression which many otherwise intelligent

*Transylvania Medical Journal, Oct. 1849, p. 148.
†Report of Sanitary Committee on Cholera in New York, 1849, page 89.

people of the Atlantic border seem to entertain of the west, the following recognition of its *advancing civilization*, coming, as it is presumed, from the chairman of the committee, shonld pass unnoticed.

"Already," continues the report, "in the Valley of the Mississippi, where within the memory of the living, the red man was lord of the domain; beautiful cities adorn the banks ot the majestic rivers," (and there might have been added, populous ports grace the inland seas,) "containing Colleges, and Seminaries of learning, where gifted minds are diffusing the blessings of science and literature."

While our brethren of the east claim to compare themselves with the rising *Sun*; we hope that the mighty west, with her Drake, her Dudley, her Dowler, and her host of others, may not be considered as presumptuous, in claiming some *Stars* in the firmament of American Medical Science.

On the whole we are pleased with the document, the substance of a large portion of which, we have attempted to present. A greater amount of originality of thought, and of critical remarks, indicating the judgment of the committee, as to the truthfulness and relative importance of the various alleged discoveries and improvements, would have been desirable, giving the whole less the appearance of a mere abstract, and more the character of an elaborate philosophical report emanating from a learned society. But the American association is in its infancy, and we can hardly expect as much from it at present, as from the older European Societies of a similar character. It will improve in the tone and general character of its eminations as it advances. In the present instance, a laudable amount of industry has been manifested by the committee in collecting materials, and the style of their report for the most part, is concise, perspicuous, and correct.

ARTICLE II.

Report of the Committee on Practical Medicine and Epidemics.

This report should possess a paramount interest, as designed to show the advance we are making towards the accomplishment of the ulterior objects of the profession. When a year rolls around without anything transpiring to improve our knowledge of the nature of disease, or our means of treating it, we may set it down as a period of professional barrenness. But on the other hand, when we can make the demonstration perfect of a single principle or fact bearing upon these subjects, we may console ourselves with the assurance that we are still advancing, although it may be at a very moderate pace. Tried by this standard, as exhibited in the report before us, our profession cannot be said to be making a very rapid advancement.

But we propose to inform our readers, in reference to the manner and matter of the report, and allow them to judge of the evidence of improvement for themselves.

The first three pages are principally devoted to commenting upon the Literature of Practical Medicine, and serve as an introduction to the main subject of the report—Asiatic Cholera. To this subject there are devoted twenty-two pages. The remaining four pages are occupied with references to Yellow Fever, Scarlatina, Variola, and Typhoid Fever.

There is some valuable statistical information upon the subject of Cholera in the report; especially in reference to its prevalence and treatment in Philadelphia, and her different Cholera Hospitals.

The subject of treatment is first taken up, and the success in different hands, and of different modes of practice compared.

The mortality in the seven Cholera hospitals of Philadelphia and Liberties in 1849, with a brief synopsis of treatment in each, is shown by the following summary, which we make up from the official report of each, as given in the document before us:

Moyamensing Hospital. The treatment at first was stimulating, and very unsuccesstul, 1 in 1.54 died. After the treatment was changed and the principal reliance placed on opium in from 3 to 9 gr. doses, the mortality was only 1 in 8. These results appear to include several cases of other diseases.

Cherry Street Hospital. The want of success of the Calomel, opium and stimulent course of treatment, induced their abandonment. Reliance was finally placed on the free use of Quinine. Mortality of 14 in 27 cases of cholera, or 1 in 1.92 a little over one half.

Richmond Hospital Philadelphia. The principal reliance was on internal and external stimulents, with friction in collapsed cases, and astringents, Calomel, opium &c. in the others. Mortality, 4 in 15 cases of Cholera, or 1 in 3.75.

Southwark Hospital. Venesection and cups; small doses of Chloroform in camphor water, to allay nausea; dry friction for relief of spasams; opium, camphor, and sugar of lead, a a gr. j, every 1, 2 or 3 hours, to arrest alvine evacuations, were the chief remedies used here. Of 64 cholera cases, but 6 died, or 1 in 10.4.

Northern Liberty Hospital. Treatment not reported; morlality of cholera cases, 17 in 47, or 1 in 2.76.

Pine St. C. Hospital. "The treatment in this hospital was founded upon the indications as manifested by the symptoms." Mortality of cholera cases, 8 in 14, or 1 in 1,75.

Bush Hill Hospital. Treatment not reported. Mortality of cholera cases, 20 in 38, or 1 in 1.9.

These statistics present a very striking contrast between the Southwark Hospital, and all of the others, in the results of

treatment. The contrast, too, becomes much more striking, when taken in connection with the statement of Dr. D. Francis Condie, one of the Physicians to the Southwark Hospital, that he was careful not to report a case, unless of marked character, and that his private practice was much more successful than that of the Hospital, the mortality being only four per centum.

But the summary presented in the report before us, seems to be very carelessly or unintelligibly drawn up; as, instead of corresponding to the seven Hospitals reported, there are ten ratios of mortality given. And instead of the lowest being less than ten per cent, it is put at nine, and instead of the average mortality of selected cholera cases, being 1 in 3.27, it is put down at one in 3.3.

After remarks upon different modes of practice, as pursued by different physicians, amongst the most highly recommended of which, is, the salt and mustard emetic, the subject of treatment is closed by the following judicious remarks:

"So far as the committee have been able to collect the sentiments of physicians much conversant with the subject of the treatment of cholera, they believe that the internal sedatives and astringents in moderate and frequent doses, prompt venesection, and external stimuli, including heat and cold as the case may require, and salines, constitute the most successful practice in this formidable disorder. One of the most common errors consists in the want of patience, and in the restless change of the mode of remediation, so that a medicine is not permitted to make a permanent impression, before a new article is substituted. It is chiefly for this reason that empirical remedies have so often acquired a reputation superior to that of a more rational practice which is not so steadily adhered to."

The *cause* of cholera is next discussed, and at considerable length. To fairly understand the arguments, it may be well to remember, (as the report does not divulge the fact,) that the author had previously advanced the doctrine of the cryptogamous origin of cholera, a doctrine which has for its support some plausibilities.

Passing over the arguments in reference to the modus operandi of the poison producing the disease, which assume the unity of cholera with various other diseases that occur at the same time from the unity of their causes, which is again argued from their coincidence, we shall proceed to notice the history of its introduction into this country, and as it is concise and brief, we quote it entire.

"That cholera is a *portable disease* seems now difficult to doubt. Passing over the old and oft-repeated arguments derived from the Topaz frigate, by which it seems to have been carried to the island of Mauritius, that of the Bakou, by which it appears to have been conveyed to Astracan, the Carricks, by which it seems to have reached Quebec, and the Amelia, which obviously carried it to Folly Island, we have taken some pains to collect the information necessary to understand fully the part sustained by the infected ships which arrived in the United States just at the period of the outbreak of cholera at the New York quarantine station and at New Orleans.

The infected ship which arrived first was the New York, which left Havre on the 9th of Nov., ten days after the Swanton sailed thence for New Orleans. the latter ship having weighed anchor on the 30th of Octobor. On the 25th of November, the New York was in N. Lat. 42°, Long. W. 61°, out from port 16 days, when there occurred the first case of cholera. The patient died in about 48 honrs.

One day later, 26th Nov., the Swanton, out from Port 27 days, was in latitutde 25 deg. 47 min. N, Long. 57 deg. 08 min. West, when there occcurred the first case of cholera. The patient died in about 48 hours.

The New York arrived on the 1st Dec., or in six days, and the Swanton entered the mouth of the Mississippi on the 9th, or in 13 days. On the 10th, one person died of cholera in the river, and on the 11th, just as the ship reached New Orleans, a case occurred on board, which was sent to the Charity Hospital.

The first cholera patient not attached to the ship New York was seized forty-eight hours after having been on board, and died on the same day. A nurse, who had not been on boa d and who was not known to have had any communication with the people of the New York, was also seized on the same day, and within that day died.

The first person in no way connected with the Swanton, who was attacked by cholera at New Orleans, was seized on the evening of the 13th, just forty-eight hours after the arrival of the vessel at the Levee. On the 15th, there were admitted into the Charity Hospital from the city eight cases of Cholera.

It is somewhat remarkable that, in both ships, the first cases of cholera occurred during a sudden change of the weather from an agreeable coolness to a comparatively great warmth, owing to a south wind succeeding to a northern one. The thermometer in the New York, on the 25th Nov., stood at 60°, and the Captain (Duncan) of the Swanton, in a letter to the Chairman of this Committee, says: "Previously to the commencement of the sickness, for twenty-four hours we were visited by a very hot south-east wind, such an one as I never before felt; indeed, it was more like artificially heated air than anything else." The first case came on epileptically, after which there ensued a diarrhœ, vomitings, cramps, and death.

To enable the Association the better to see the relative positions of these two vessels, the Commiitee have caused to be carefully prepared a chart, which is herewith presented. By this, it will be seen that the two vessels, so nearly simultaneously and similarly attacked, were separated by three degrees of longitude, and sixteen of latitude, or, in other words, were nearly 1000 miles asunder. Each of them retained the disease until arrival. Each sent ashore cases of cholera, and notwithstandiag the very great difference of climate and weather in Staten Island and New Orleans, the people of the respective places were attacked in the short space of forty-eight hours after arrival. It may not be unpardonable here to mention the fact that, in 1832, the Carricks brought cholera to Grosse Isle, the quarantine station of Quebec, on the 5th of June, and that on the 8th, cases began to appear in Quebec.

In whatever way these vessels may have received the infection of cholera, there is left but little doubt that they brought the cause of disease to their respective ports, and communicated it to the people on shore. There is, therefore, good reason to believe in the *portability of Cholera.*"

This would seem to be pretty good argument in favor of the doctrine of the communicability of the disease, and we

could see no violence either to the argument or conclusion by substituting the word *communicable* for *portable*. Nor could we see any injury from this change of terms, to the author's peculiar notions in reference to the fungeous nature of the poison, since, if fungous, it must be a specific variety of the fungi, and may be entirely dependent upon animal influences in its propogation. But the author turns immediately around and adduces arguments which he terms "numerous and cogent," against the doctrine of contagion.

But let us examine these numerous and cogent reasons. The first is found in the manner and appearance of the cholera in Philadelphia, in 1849; the history of which is accompanied by an outline map, showing the position of each of the first 23 cases reported to the board of health, with the date of its occurrence. By this showing it would appear that on the 30th of May, three cases were reported, and of the 17 following days, there were six days without any reports, on five days there was one case reported each day; on one day three, and on one day four cases. It appears that they occurred in various and remote parts of the city, and liberties seeming to have little or no connection or relation one with another. Notes were addressed to the attendant physicians.

"A few of the gentlemen to whom notes were sent, failed to answer them. Two had cases which had been in the immediate vicinity of other cases, but fifteen replied decidedly that there was no reason to believe that their patients had been exposed to an infected place, or to any case or cases of cholera. One case, the eleventh, which occurred on the 12th day of the epidemic visitation, had recently visited the infected city of New York."

The facts above stated being placed in a tabular form, with the date of the occurrence of each case, the distance each was from the one that last preceded it, and the name of the attendant physician to each, compose the sum and substance of this first argument in reference to which the author observes:

A review of these facts so carefully collected and so thoroughly scrutinized, does not favor the propagation by contagion but leads rather to the conclusion that the atmosphere of the whole city had become slightly epidemical, not being sufficiently poisonous to produce its specific effects unless aided by personal imprudence, on a deleterious locality.

How carefully collected and thoroughly scrutainized in reference to the proof in hand? Are we told whether or not the disease prevailed in the city before the board of health received regular reports; as was the case in almost all other cities? Was there instituted a thorough enquiry to ascertain whether the cases had been exposed directly or indirectly to contagion? or was the non-exposure assumed as it generally has been in cities, because no one knew of exposure without the trouble of making enquiry? Are we told whether any of the cities and towns with which Philadelphia has daily and extensive intercourse in all her municipalities, were affected before the time referred to or not? No, in reference to these points, essential to the value of the statistics as bearing upon the question of contagion, the report is entirely silent. And excepting the testimony of the fifteen physicians quoted above, which for aught that appears, was given long after the cases occurred, and without any notes or particular enquiries made at the time, to aid the memory, the whole history thus paraded has very little bearing upon the point. As I have said on a former occasion, cities are not the places to investigate this question, because of the difficulty of tracing exposure.

The next evidence is a history of the disease in two families, twenty-six miles from Philadelphia, in which it committed great ravages, one after another being attacked in rapid succession. Here the possibility of contagion is not disputed, as one member of the afflicted community, with whom those first attacked had intercourse, though remaining well himself, had been to the city where cholera prevailed, about a week and one other about three weeks previously to the attack. The disease in the form of cholera did not spread beyond the two families

except one case, and that had not been exposed directly, yet the neighborhood was immediately affected with diarrhœ and dysentery. The following are our author's conclusions:

"If this were a case of contagion, it must have remained latent for more than three weeks, and then have broken out simultaneously in the person who had been to Philadelphia and those who had not been there; or if assumed to have been brought by the carpet-weaver, who remained well, we are left in the difficulty of supposing that the disease is so contagious as to be carried twenty-six miles by one who does not himself suffer, and yet is so non-contagious as to fail to spread to the neighbors and visitors of persons really and sorely affected."

If it had been decided that the contagion of cholera must act in a specific time, or that it must affect those with whom it comes in contact, then these laws of its spread might furnish data for argument, and the remarks quoted would be quite pertinent; but on the abstract question of its being communicated, we confess we do not see their force.

Next we have reports of a number of cases quoted, where the cholera did not spread, though having ample opportunities. But does the fact that its spread is influenced by conditions, invalidate the evidence of its spreading by communication where it does spread?

We next have the arguments adduced against contagion in which we are surprised at an extreme looseness of expression. The first paragraph is in illustration.

"Contagious diseases, indisputably such, require a considerable period of incubation, as might be supposed where the reproduction of the poison in the system creates the disorder. No such disease is demonstratively active until after a period of at least seven, and in most cases nine days from the time of exposure."

Is not gonorrhora *demonstratively* active in less than seven days? Is it not variable in the the time of its incubation?

The second argument is that cholera is producible by imprudence in diet and filthiness. If this be true, why do we not have cholera oftener in this country than four out of the

two hundred years since its settlement? Are not all manner of imprudences committed annually, even to "a heavy dinner, a prolonged debauch, or a loaded atmosphere," in all parts of our goodly land? Certainly, if the position is true we ought occasionally to meet with a case at other times than when it has been introduced into the country from abroad.

The third point is that contagious diseases more generally affect children, while cholera has a general preference for adults. The force of this position is not so apparent, though argued at considerable length. There are some contagions that do not affect children unless they are *very* forward; and some general diseases are almost wholly confined to children, one of which is croup.

These are the reasons "numerous and cogent," for believing that the cholera is not contagious, while it may be portable; which to an unsophisticated mind, seems very much like making a distinction where there is no difference.

And what do the argumhnts just stated, one, two, and three, prove except that the contagion of cholera is in some points different from that of other diseases; a fact that the most ultra contagionist could scarcely presume to deny, for although the contagion of cholera may not be governed by the same laws of other contagions, it does not in consequence follow, that it is not communicated from one to another.

There is no doubt that the poison is very active under favorable circumstances for its diffusion, and we incline to the opinion, that it may be given off in sufficient profusion to contaminate whole neighborhoods under circumstances of epidemic prevalence.

A little varied from this would seem to be the conclusion to which Dr. Condie of Philadelphia has arrived, who was formerly a very decided non-contagionist. In the April, 1850, number of the American Journal of Medical Sciences, he says:

"We nevertheless think it not improbable that, when the general predisposition to cholera already exists, the arrival of

an individual laboring under the disease may be the means of its communication to the inmates of the same house or to those who have frequent intercourse with him, and that from these it may be communicated to others. But in such cases the course and spread of the disease will be very different from those in which it is produced by the general epidemic causes.

How many cases, where the cholera contagion could not be traced in cities, and where it did not extend under circumstances of exposure, would it take to disprove the positive evidence furnished by the following history, which was given me by C. W. Knott, M. D., an intelligent and veracious practitioner of the affected community. Our remote settlements and isolated communities in prairie-land, afford the best and almost only perfect fields of observation, for determiuing the question of communicability.

Bourbonois' Grove settlement, Will Co., Ill., on the Kankakee river, contains about 2,000 inhabitants mostly French and Canadians. The settlement covers an area of about six miles square, and is completely isolated from other settlements by broad wild Prairies, from twelve to twenty miles in width in all directions, excepting on the banks of the river, which are also nearly uninhabited for nine miles above and five miles below.

This community was unusually healthy during the spring of 1849 up to the 31st of May, at which time a company of nineteen emigrants arrived from Canada. They came to Chicago in good health, tarrying two days in the city where the cholera was prevailing, and pursued their journey to their destination, losing one child by the disease on the way, (but carrying the corpse with them,) and having another child sick when they arrived. They found the neighborhood so much alarmed that no one would at first take them in, so they lodged for some time in a barn.

The next morning, June 1st, the sick child died of cholera, and one of the women was taken sick with it in the evening.

She died June 2d, in 24 hours. The night of June 3d two other children of the emigrant company were taken with it, and died in 18 hours. On the night of the 4th, a man and another woman of the same company were taken; the one died in 24 and the other in 48 hours.

Up to this time no case of the disease except it was among the members of this company had occurred in the region of country for at least a distance of twenty-five miles around, and the community there remained entirely healthy. Out of humanity Mr. Rousia took the emigrants from the barn to his house the third day after they arrived, and the last two deaths occurred at his house. The night following the death of the woman last mentioned, Mr. Rousia's little daughter was taken with the disease, and died the next day, June 7th, which was the first case among the resident population. A young woman, a connexion who nursed the little girl, was taken the day she died, and met the same fate in 24 hours. The next cases among the residents were in the family of Mr. Fabarg, a relation of some of the emigrants. They had been waiting upon the unfortunate emigrants; two of them died on the 10th, and one on the 11th of June. Mr. Allen, his wife and five children, residing in the same house, were taken with cholera within two days of the last mentioned case.

Up to this time, nearly two weeks after the arrival of the unfortunate company of emigrants, the disease was wholly confined to them and to the two houses above mentioned, notwithstanding the fearful mortality that had occurred.

Laza Jerome's daughter who was at work for Mr. Allen, was taken with the disease on the 13th, went home and her fathers family was affected with it two days afterward.

Mrs. Canran who had visited Mr. Allen's family while sick, and lived near by, was taken on the 14th, but recovered. Two of her children took it and died soon after.

Mrs. Hay who also visited Mr. Allen's family, while sick, took the disease on the 15th, and recovered. her children took it two days afterward, two of whom died.

After this time, the intercourse of the well with the sick, and the general prevalence of the disease were such, that its communication was traced no further.

But I cannot withhold the Doctor's account of its appearance at Rock Creek, five miles distant, the nearest settlement to that above described.

Mrs. Battachyock came from Rock Creek, her residence, to Bourbouois' Grove, to visit some relatives who were afflicted with cholera—remained over night with them, went home the next day, was taken with the disease the following night, and died 36 hours afterwards. Her son and a small child were taken the next night and survived the attak but 18 hours. The next day two other of the children were taken, and lived but 12 hours. The father was attacked but recovered. A family residing half a mile distant—the man and wife being the only persons in the settlement who visited them while sick, took the disease and they lost one child.—Here there was kept up the most rigid quarantine and the disease spread no farther. Some of the neighbors went within hollowing distance and asked what they needed and placed the articles at a certain point for them to get, when they retired.

The following from Wm. Matthews, M. D., of Putnam Co., Ind., an intelligent and reliable observer, is one of a large number of such instances that have come to my knowledge, and but for want of space might be related here.

"During the prevelance of Cholera at Cincinnati, three men came up to Indianapolis on the cars, having passed through Cincinnati, and, on foot, proceeded immediately on west. Before they reached Mt. Meridan in this county, one of them had diarrhæ and vomiting, and was barely able to get to the village inn. In the course of a few hours he died, and the second also, I believe, was seized and died, the third recovering. In a few days afterward, a lady residing in the

village was attacked and died; then several other cases followed and several more dying, when the disease spread to the country; and we had quite a number of cases of Cholera which apparently diverged from the transient ones brought into Mt. Meridan from the Cholera region on the Ohio."

Now, I believe, it is exceedingly proper that we have right notions about every thing; and if Cholera *is* contagious no ill consequences can possibly ensue from being made aware of the fact. In fact, with correct views concerning this point, we might, most probably, in may instances, *fence the disease in.* Small-pox we know may thus be held in check; the same doubtless might be done with Cholera, were we to entertain right notions on the subject."

But I must leave this subject.

The occurrence of Yellow Fever at Charleston, S. C., after an exemption from its ravages for ten years; and its prevalence at Rio Jainero for the first time, are the principal points noticed in reference to this disease.

The prophylactic powers of belladona in scarlantina, ar especially noticed and highly spoken of.

The difficulty of understanding what is implied by Typhoid Fever, in consequence of different diseased conditions being termed Typhoid, is very properly commented upon. A definition of the term that should restrict its use to one disease, would supply a desideratum.

We do not conceive the report to be in accordance with the design of the appointment of the committee, as a large part of it is occupied in advocating one side of a professional controversy.

The sooner the committees of the Association confine themselves to the performance of the specific duties assigned them, the sooner will their reports become, what they should be, compends of the improvements in the special departments of each, as made in this country from year to year.

There is appended to the report an interesting paper by

Prof. Pancoast of Philadelphia, on the cure of certain forms of Aphonia by the inhalations of a stimulating vapor: and one from Dr. Reynolds, giving an account of the Typhoid Fever and Dysentery as they have appeared in the Epedemic form during the last four seasons on Cape Ann, but our space will not allow a further notice of them at present. E.

ARTICLE III.

Southern Medical Reports, Edited by E. D. FENNER; Volume 1st, 1849—New Orleans: B. M. Norman, 16 Camp St.

Although this volume has been already briefly noticed in this Journal, yet its merits require a more extended examination. Two leading objects seem to have induced the editor to engage in the enterprise, of which this volume is the first result. The first object was to arouse his southern brethern to greater activity and zeal in the cultivation of Medical Literature and Science; the second, to attract more attention to the very important subject of medical topography as connected with the character and prevalence of particular diseases; and judging from the contents of the volume before us, we think both are in a fair way of accomplishment. In relation to the topography and diseases of particular localities we find six articles, viz; one concerning New Orleans by the Editor; the Parish of St. Mary, La., by James B. Dungan, M. D.; Madison County, Alabama, by J. Y. Bassett, M. D.; Middle Georgia, by E. M. Pendleton, M. D.; Jackson, Miss., by S. C. Farrar, M. D.; and concerning San Antonio, Texas, by J. J. B. Wright, M. D., Surgeon U. S. A. The first of these occupies near forty pages, and in addition to a brief account of the topography and climate of New Orleans, it contains a pretty full record of the meteorology, diseases, and mortality

for the year 1849; and though an interesting and instructive paper, it contains little that can be either selected or condensed for the pages of this Journal.

The following conclusions in regard to the interesting subject of acclimation, may correct some very wrong impressions and we therefore quote them entire, viz;

"1st. That persons coming from more northern latitudes to this, have to undergo an *acclimation* or *seasoning*, before they become secure in the enjoyment of health.

"2d. That this acclimation may be attained without sickness; but that, most generally, it requires the endurance of one or more spells of the customary endemic fevers.

"3d. That an attack of the endemic Yellow Fever effects greater security against subsequent attacks, than any form of fever seen in the country, but that the remark is applicable, in some degree, to all of them, excepting the ordinary mild intermittents.

"4th. That persons may have the yellow fever *more* than *once*, though it is evident that those who have had one plain attack, usually have little or nothing to dread from subsequent attacks.

"5th. That *Creoles*, or natives of New Orleans, may have yellow fever, though generally, they have it in a very mild form."

Dr. Fenner tells us what is but too true of almost all the cities in the south and west, viz: that "little or nothing has ever yet been done *directly* or *expressly* with the the view to improving the sanitary condition of New Orleans." And again he says, "it will be seen by these reports, that the sanitary condition of the city is still very bad, and the mortality very great." A statement fully borne out by the tables of mortality which foot up no less than 8,809 deaths during the year, or mare than one out of every twenty of the entire population.

The article of Dr. Dungan concerning the topography and diseases of the Parish of St. Mary, La., is very brief, imperfect, and contains nothing to elicit comment.

Dr. Bassett's report on the topography, climate and dis-

cases of Madison County, Alabama, occupies twenty-five pages; and though written in a style somewhat open to critisism contains many interesting and very valuable facts. We have space, however, to allude to those only of most direct practical application. Dr. Bassett imforms us that the endemics of Madison Co., consist chiefly, "of billious, intermitting and remitting fevers, during the summer and fall; continued and typhoid cases of the same, together with inflamation of the thoracic viscera in the winter and spring." Concerning the use of very large doses of Quinine in these diseases, the writer says: "Our physicians do not now use as large doses of Quinine as formerly; these enormous doses, 100 grs., during the apyrexia, were introduced by Dr. Fearn, in a few specific cases, after anxious consideration, and were continued in the most impirical and thoughtless manner, by physicians and families, and of course without a corresponding result." Dr. B. relates the case of a girl who took no less than 140 grs. of Quinine during one intermission. The effects are detailed in his own peculiar style as follows, viz: "I saw her at midday, she had no chill; her surface was clammy and damp, like the back of a frog; she was deprived first of hearing, then of vision, then of feeling, and lastly of speech; candles and pistols were flashed and shot about her head, and pins stuck in her. I dashed two or three buckets of cold water on her suddenly, ordered warm stimulating enemata, and wrapped in warm blankets. In the course of the night she felt a pin scratch, at length her eyes followed a candle and she spoke; in a few days her hearing was restored. I have not had occasion to give such large doses of Quinine; 15 to 25 grs. I find sufficient."

We learn from this report, that Madison County contains about 30,000 inhabitants, who consume about 50 lbs. of Calomel, and 1000 ozs. of Quinine, annually. There are also 30 physicians in the county, whose aggregate annual income amounts to about $30,000, or one dollar per head for the en-

tire population. Speaking of the unusual frequency of adynamic cases of disease during the past year, Dr. Bassett intimates that the extensive and prodigal use of Quinine may have contributed to this tendency. He says: "The enormous amount of Quinine that has for the past fifteen or twenty years been consumed in this neighborhood, must have wrought an impression on the constitutions of those most subject to its influences. The following paragraph may also afford a useful hint to practical readers. "Numbers of cases have lately presented themselves of habitual chills, recurring every second, third or fourth day, which have required very large doses of Quinine to check, and which returns almost every eighth or tenth day. Since August, I have treated eight successive cases of this description, (in every one of which Quinine had failed,) with opium and plasters made of mutton suet and turpentine, or cloths dipped in warm turpentine, and applied to the pit of the stomach a half hour before the expected chill. In all these cases but one, the first chill was checked, and there was no return. Although opium seems to have an excellent effect in those cases in which Quinine had failed, I have sometimes succeeded with the hot turpentine cloths alone."

The fourth article, to which we have alluded, written by Dr. E. M. Pendleton, on the topography, climate, and diseases of Middle Georgia, occupies a little more than twenty pages; and is truly a valuable paper. Perspicious, easy, and correct in its style; happy in its arrangement, and rich in its facts, it may well be characterized as a model paper of its class. Its intrinsic merits, indeed, renders it difficult either to condense its matter or extract detached paragraphs from its pages. By a happy arrangement of tabular statistics in regard to the thermometic, barometic, hygrometic facts, with coincident prevalence of diseases, and a lucid description of the physical geography of the subject under consideration, the reader is presented at once, with a highly satisfactory view of

the subject. Dr. Pendleton's remarks in regard to the Etiology of Remitting and Intermitting Fevers are interesting, and strongly corroberative of the old idea that the combined influence of heat, moisture, and vegetable matter, generates a specific cause, productive of these diseases.

In regard to the comparative prevalence of disease among the two races, Dr. Pendleton's tables and observations show, that the whites are far more susceptible to diseases of the digestive organs, while pulmonary affections are greatly more prevalent among the blacks. The whites also suffer a little more frequently from indiopathic fevers, especially the male sex. These facts are doubtless easily explained by reference to the difference in the habits and natural temperament of the two races.

N. S. D.

(To be Continued.)

Part 3.—Selections.

ARTICLE I.

Has the Cerebellum any Special Connection with the Sexual Propensity or Function of Generation? By N. S. Davis, M. D., Member of American Medical Association; Prof. of Physiology and Pathology in Rush Medical College, Chicago, Illinois.

Perhaps there is no part of the nervous tissue concerning the functions of which a greater variety of opinions are entertained than in relation to those of the cerebellum. Thus, Gall, Spurzheim, and the whole of that school of physiologists, represent it as one of the best settled facts in *phrenological* science, that the cerebellum constitutes the nervous centre, which presides over the sexual instinct, or functions of generation; while on the other hand, the vivisections of Flourens, Magendie, Bouillaud, &c., have led far the greater number of physiologists to regard this division of the encephalon as a special organ, for co-ordinating muscular movements. M. Foville, again, regards it as "the organ for the *perception* of muscular *sensibility*." The tables of M. Serres, and the investigations of Muller, Carpenter, and others, show, that comparative anatomy, on the whole, favors the experimental results of MM. Flourens and Bouillaud. Yet the well-known distrust with which we regard conclusions drawn exclusively from vivisectional experiments, or extensive injuries of the various parts of the nervous system, makes it desirable to avail ourselves of every other practicable mode of investigation. It is in this view that the importance of a careful study of developemntal and comparative anatomy cannot be too highly estimated.

Investigations based on well-known physiological laws are always valuable, even though their results may be entirely of a negative character. The law that appropriate exercise increases the growth of any organ or tissue, and that want of such exercise retards or entirely arrests such growth, is of universal application.

And by no class of men is this law more strenuously insisted on than by the Phrenological school, as applied to differ-

ent parts of the brain. Hence we find Gall, and his followers, contending that injuries of the cerebellum not unfrequently cause the testicles to become atrophied, and *vice versâ*. Acting on the idea suggested by these *alleged* facts, M. Lassaigne, a few years since, made a comparison between the weight of the cerebellum in the stallion, gelding, and mare; all the animals examined being over ten years of age. The result, as is now well known, was that the cerebellum of the gelding was found heavier, both *absolutely* and relatively to the cerebrum, than that of the stallion and mare.

But the comparison of M. Lassaigne extended no farther than to the absolute and relative size of the whole cerebellum in mass. Hence, many phrenologists avoided the force of his conclusions by admitting that a *part only* of the cerebellum was connected with the instinct of generation or sexual appetite. And even Carpenter, in the very recent American edition of his "Principles of Human Physiolgy," holds the following language; "The author is far from denying, *in toto*, that any peculiar connection exists between the cerebellum and the genital system; but if the evidence at present adduced in support of phrenological position be held sufficient to establish it, in defiance to so many opposing considerations, we must bid adieu to all safe reasoning in physiology. The weight of testimony appears to him to be quite decided in regard to the connection of the cerebellum with the regulation of the motor function. *How far this invalidates the moderate phrenological view, which does not regard the function of the cerebellum as exclusively devoted to the sexual instinct, is a question well deserving attention.*" And on the same page he adds: "Further, it would seem by no means *improbable* that the *lobes* are specially connected with the regulation and co ordination of movements; whilst the *vermiform processes*, which are very large in many animals, in which the former scarcely present themselves, are the parts connected with the sexual functions." (See *Carpenter*, p. 350, 4th edit.) Wishing to test the truth or falsity of this "*moderate phrenological view*," I recently procured the brains of several bulls and oxen, all of the same age, and as nearly as possible of the same general size and variety of stock. The cerebellum of each was carefully and accurately measured in the following directions, viz: First, *transversely*, from the lateral extreme of one lobe to that of the other. Second, *antero-posteriorly*, from the most anterior superior point of the central portion, to the most posterior inferior

point lying over the commencement of the spinal cord.—Third, *vertically*, from the tip of the inferior vermiform process, resting on the medulla oblongata, to the most prominent point on the superior surface of the cerebellum. Fourth, from the apex of the inferior vermiform process to the apex or most prominent point of the superior vermiform process. Fifth, *transversely* across the widest part of the superior vermiform process. As the reader will readily perceive, it was my object to measure, not only the whole cerebellum, but also its several parts; and especially its central or vermiform processes in comparison with its lobes. As the measurments uniformly tended towards one result, I shall occupy time and space to give in detail only the *average* of the measurments in each direction, and the extremes of the same. All the bulls and oxen examined were six years old; though the bulls were actually heavier than any of the oxen whose brains were examined. The following is the result in tabular form, viz:—

	Greatest Transverse Diameter	Greasest Antero posteri'r Diameter	Vertical Diameter	Length of Vermiform Processes	Breadth of Superior Vermiform Processes
Av'ge of Bulls examined	32¼ lines	27½ lines	14¼ lines	16½ lines	13¾ lines
Extremes,	33 & 32 lines	28½ & 26 lines	15 & 14 lines	18 & 15 lines	13¾ & 13 lines
Av'ge of Oxen examined	32 lines	27¾ lines	16 lines	19¼ lines	14¼ lines
Extremes	33 & 30 lines	27 & 28¼ lines	16¼ & 15 lines	20 & 18 lines	15 & 14 lines

Average weight of the cerebellum of the bulls 13⅓ drachms. Average weight of the cerebum of the same, 115½ drachms. Proportion 1 to 8 3-5.

Average weight of cerebellum of oxen 13½ drachms.—Average weight of the cerebrum of same, 114 drachms. Proportion 1 to 8 1-5.*

It will be seen that these examinations not only confirm those of M. Lassaigne, so far as the relative and absolute weight of the cerebellum of the castrated animal is compared with that of the same age not castrated, but the measurments equally refute the *moderate phrenological view* mentioned by Carpenter, which, as we have already said, makes the central part and vermiform processes the organ of sexual appetite, and the lateral lobes the co-ordinators of motion. On the

* It should be stated that a much larger number of brains of oxen are included in he foregoing examination than of bulls. Hence, while the average weight of all their cerebrums appears, as stated, slightly less than those of the bulls, yet the heaviest cerebrum of the ox examined was fully equal to the heaviest of the bull.

contrary, so far as our measurments indicate any difference, it consists in the greater relative development of the central part, and vermiform processess in the ox than in the bull. And, if the cerebellum of the ox is deficient in any part, it is in the size of the *lateral lobes*. But, on the most careful examination of half a dozen cerebelli of bulls and oxen lying side by side, I could detect no constant or uniform variation either in their absolute size, or the relative development of their several parts. Now, unless we deny the validity of the physiological law, so much insisted on especially by phrenologists, that exercise increases growth, and *vice versa*, it must be conced that the facts here adduced in reference to the cerebelli of oxen and bulls, added to those presented by M. Lassaigne in reference to the gelding and stallion, effectually disprove the existence of any *special* connection between the cerebellum, either, as a whole or in any of its parts, and the sexual appetite or function of generation. And, if we search the facts of comparative anatomy ever so rigorously, we shall find nothing to militate against the results of these investigations, but very much to confirm them. Hence, whatever of truth there may be in the phrenological location of other cerebral *organs*, we cannot credit even the *moderate views* of that school in regard to the functions of the cerebellum. It is much to be regretted that our most approved works on physiology still contain so many mere statements of opinions, the truth of which a little patient and careful investigation would directly demonstrate or disprove.—*Transactions of American Medical Association for* 1850.

ARTICLE II.

On the use of Ergotine in External and Internal Hemorrhages. By M. J. Bonjean, Chambery.

Ergotine when applied to wounds, has the property, M. Bonjean states, of facilitating their cicatrization and moderating inflammation of the wounded tissues. Under its influence union takes place by the first intention, and cicatrization occurs without further assistance.

In certain cases ergotine may perform all the offices of the ligature. M. Bonjean enumerates the following circumstan-

ces attendant on a capital operation in which its employment was indicated.

1st. When, in order to arrest a hemorrhage, it would be necessary to disturb the lips of a wound in which cicatrization is commencing.

2d. When the patient manifests a tendency to gangrene of the cut surfaces.

3d. When the source of the hemorrhage is from vessels imbedded in the inflamed and swollen tissues.

4th. When the blood flows from many small arteries of which the orificies cannot be perceived.

5th. When hemorrhage occurs from the sloughing of an eschar, as in gun-shot wounds, &c.

In these difficulties the application of ergotine is as often efficacious as the use of pressure is inaffectual. The apglication of ergotine supersedes ligature of the arteries, and effects cicatrization without interfering with the permeability of the artery.

The mode of employing ergotine is to dissolve it in five or six times its weight of water, for ordinary wounds; and in three or four parts, or even in a concentrated form, for more serious hemorrages. A portion of the tow or lint is to be moistened with the fluid, and applied with a gentle pressure to the surface previously wiped. When the hemorrhage does not return on the pressure being removed, another pledget moistened with the solution is to be laid over the former, and the limb bandaged as usual. Perfect rest is to be observed.

Internal administration. Ergot of rye has been successfully employed:

1st. As an excitant of uterine contractions.

2d. As a stimulent to the muscular system in general.

3d. In hemorhages and certain fluxes.

4th. In congestion of the uterus.

5th. As a stimulant to the nervous system.

The latter poisonous effect of ergot of rye is due, according to M. Bonjean, entirely to its fixed oil. The preceding properties are due to the *ergotine* alone.

Simple extract, or etherial tincture of ergot, both contain a portion of its poisonous principle. Pure ergotine is in the form of a solid extract of a deep brown color. In thin laminæ it presents a blood-red color. It has the odor of roast meat. Its taste is bitter. It is perfectly soluble in water, and this solution yields neither oil nor resin when heated with ether.—*Med. Gaz. in St. Louis Jour.*

ARTICLE III.

Oak Bark and Alum Injections in Vaginal and Uterine Discharges. By THOMAS WEEDEN COOKE, Esq., Medical Officer for the Diseases of Children at the Royal Free Hospital.

Some months since a lady placed herself under my care, for a slight prolapsus of the uterus, induced, as she supposed, by violent exertion in lifting her husband (a large man suffering from gout) into bed. Besides the prolapsus, there was also a polypus, protruding from and distending the mouth of the uterus, and there had been, previous to my seeing her, considerable leucorrhœa. Upon digital examination, I was surprised to find, considering she had had children, and was past the meridian of life, so contracted an inlet that the index finger was, with great pain and difficulty, passed into the vagina; there was also a roughness and dryness of the mucous lining, and very considerable heat; the bowels were very much confined; there was ardor urinæ, whilst the whole system was affected with a symtomatic fever, suggestive of local inflammation; hot skin; thirst; dry tongue; small, quick pulse, &c. Such violent symptoms appeared strange and unaccountable, until the history of the case disclosed the cause of all this distress. For some weeks she had been injecting decoction of oak-bark with alum, and had not taken the precaution to wash out the congealed albumen of the leucorrhœal discharge. The consequence was, this leathery compound collected upon the walls of the vagina, and os and cervix uteri, contracting the external orifice, and inducing all the inflamatory symptoms I have described. I was enabled to remove a small portion only of the offending matter with my finger; and on the next day Mr. Locock saw her with me, and suggested another attempt, but the pain produced was so great that it was impossible to succeed entirely. By warm water injections, however, some lubricating ointment, and saline aperients, the vagina was cleared in about a week, and all the urgent inflammatory symptoms subsided. A case in every respect similar has just occurred to me, although the symptoms were less severe, and the same means of relief were resorted to with beneficial result. Whilst in consultation with Dr. Locock on the former case, he kindly gave me the history of a still more interesting one, which occurred in his practice

some years ago, where a large sausage-like portion of hardened albumen proceeded from the upper part of the vagina, and had been mistaken for a hernia of the bowel. He, however, broke off the supposed hernia, and removed it, much to the wonderment of the attendants. I trust Dr. Locock will pardon me for mentioning this case without his consent, as indeed, I am sure he will. if it should be considered likely to prove a serviceable warning, or rather reminder; for, of course, we all know, although we may not always think to warn our patients of it, that these astringent injections do solidify the albuminous discharges females are so obnoxious to; and may produce the evil consequences these cases represent. For myself, I always request the patient to syringe with water three or four times, both before and after using the astringent. —*London Lancet.*

ARTICLE IV.

Cotton Seed, (Gossypium Herbaceum) as an Antiperiodic in Intermittent Fever.

To the virtues and uses of this plant, already enumerated in the report on the "Indigenous Medicinal plants of South Carolina," by Dr. FRANCIS P. PORCHER, let me add its use in intermittent fevers.

The information is derived from Dr. W. K. DAVIS, of Monticello, Fairfield District, South Carolina, in reply to inquiries made by him as to the medicinal properties and uses of cotton seed tea in some of the forms of fever.

The use of cotton seed tea in fever originated with a planter in Newberry District, who has used it liberally among his negroes, and uniformly with success.

"I have never failed," he says. "to cure a patient, with a single dose of it, even where large doses of quinine have failed. Where the patient has been ill of third day fever and ague, and for months, in such cases success has followed its use."

Professor SHEPARD's analysis of cotton seed tea shows it to be composed of many inorganic matters, some of which may really possess great medicinal virtues in this disease.

The mode of using cotton seed tea is as follows: After having given a dose of calomel, the day or night previous to the attack, followed by castor oil in time to produce a cathartic effect before administering the tea, you put a pint of cotton seed with a quart of water, in a vessel, and boil it until half the water has evaporated. Put the patient in bed, an hour or two before the usual recurrence of the ague, and give him a gill of the warm tea to drink.

Without advancing any opinion in reference to its exhibition, whether for or against, I present it to the notice of the profession, as a remedial agent becoming popular in domestic use in the section of country mentioned, and, therefore, claiming investigation on the part of the medical profession.—*Charleston, S. C. Med. Jour.*

ARTICLE V.

Application of Collodion in Small Pox, to prevent pitting. By S. B. Brinberhoof, M. D., of Pa.

Dr. Flint—*Dear Sir:* Having pursued a treatment of my own, as far as I know, (yet it may have been practiced by others, and not have met my notice,) in two cases of small pox, I have thought perhaps it would not be doing wrong to state the facts to you. I regret that the notes I took of the case at the time, have by accident been misplaced, and I shall have to state the facts from memory. The first case occurred to a person who had never been vaccinated, to his knowledge. The second person had been vaccinated, but I could not discover any scar as showing it had worked well, or at all. I will not state particulars as to the cases, more than that I considered them both cases of virulent small pox.

The treatment was as follows: As soon as the eruption showed itself, I applied, with a fine varnish brush, to the face and neck, a coating of collodion, except the upper eye-lids, and a small place on the neck. The place on the neck I left to see whether there would be any scars, should the patient recover. I applied the mixture every day for four days, then every second or third day, as I thought required. One on the

twenty-first, the other on the twenty-third day, was discharged as convalescent, with directions, should any scattering eruptions appear, to apply the mixture over them. There was scarcely a single scar on either patient, over the parts where the mixture was applied, but in each case, where there was no collodion, used, as the spot on the neck and other parts, was pitted as much as I ever saw in my life.

I pursued this practice from a suggestion in your lectures, while upon this disease, stating that covering the face, &c., with gold leaf, had been considered by some as a preventive against scars being left, by excluding the air from the affected part. The gold leaf is an expensive mode of treatment, while the collodion is cheap, and easy of application.

Should you think this worthy of notice in your Journal, you are welcome to do so, if not, just as well.—*Buffalo Medical Journal.*

ARTICLE VI.

PROFESSOR AUSTIN FLINT'S CARD.

The undersigned, Chairman of the Standing Committee on *Practical Medicine*, appointed by the American Medical Association, May, 1850, respectfully solicits the co-operation of members of the Medical Profession in furnishing materials for the Annual Report in May, 1851. The duty of this Committee, as defined by the Constitution of the Association, is to "prepare an Annual Report on the more important improvements effected in this country in the management of individual diseases; and on the progress of Epidemics; referring, as occasion requires, to medical topography, and to the character of prevailing diseases in special localities, or in the United States generally, during the term of their service." In order to fulfill the objects thus expressed, the requisite data must be suppled by medical practitioners in different sections of the Union. This is more particularly true with reference to the "*progress of epidemics*," and "*the character of prevailing diseases in special localities.*" Communications, therefore, are particularly desired from persons residing in places in which

epidemics have prevailed, or in which prevailing diseases have been marked by special characters during the present year. Epidemic Cholera and Dysentery are known to have prevailed more or less extensively in different parts of the country during the past summer. Facts bearing upon the features peculiar to the present season, the production, diffusion, mortality, treatment, etc., of these diseases, will be acceptable. It is requested that Communications upon these or any of the subjects coming under the cognizence of the Committee, be transmitted to the undersigned by the first of March 1851.

All contributions with which the Committee may be favored will receive due attention and acknowledgment.

AUSTIN FLINT.

Buffalo, New York, Nov. 1850.

Editors of Medical Journals will confer a favor by copying the above.

ARTICLE VII.

Surgical Report for the American Medical Association.

The committee is invited to meet in the Charleston Hotel, South Carolina, the evening of the first Tuesday in May next. All professional brethren, who have *surgical* facts connected with the improvement of this branch of the profession during the year, will please address them to the chairman of the committee by the first of April, at Augusta, Georgia. As all cannot be reached by a circular, it is hoped no one will wait for a more direct application than this general invitation.

By extending this notice, the medical periodicals of our country will advance the interest of the American Medical Association, and the editors will confer a favor upon their recent confrere,

PAUL F. EVE, M. D.

Prof. of Surgery in the Louisville University, and Chairman of the Committee on Surgery, of the American Medical Association.

Louisville, Ky., Dec. 1850.

ARTICLE VIII.

Lectures on Operative Surgery in the College of Physicians and Surgeons. By Prof. Mott.

On Friday, Dec 13th, Professor Mott, after some concluding remarks upon the subject of Thoracic Aneurism, proceeded to speak of Ligature of the External Iliac Artery. This operation, he remarked, had been first performed by Abernethy, in 1796, but unsuccessfully. He tried it in 1806, with a successful result. He was followed by Messrs. Tomlinson and Freer, in England; while in this country it was first ligatured by Dr. Dorsey, and next by Dr. Wright Post, of this city. Afterwards by Dr. Smith, of New Haven, Dr. A. H. Stevens, Dr. Jamieson, and Dr. D. L. Rodgers, and others Dr. Mott described the different modes of operating, and then his own manner of performing it, which he exhibited at the same time upon the subject. He makes a curvilinear incision, commencing just above the external abdominal ring, and extending outwards, and parallel with Poupart's ligament, towards and a little above the anterior superior spinous process of the ilium.

The skin and superficial fascia are divided, and the tendon of the external oblique clearly exposed. This tendon is then cautiously divided to the extent of the external incision, and it is then separated from the internal oblique, and the flap turned up. The edge of the internal oblique and transversalis muscles is then carefully detached from Poupart's ligament, and turned upwards. A portion of the funnel-like, or tubular process of the fascia transversalis, which invests the cord, is then pinched up and raised by the forceps, and then divided transversely with the point of the knife. The finger is then passed into it, along the cord to the external abdominal ring. The pulsating artery is then felt behind and below the ring. The cord thus serves as a guide to the artery, while, by the above method, we are sure of getting *below* the peritonæum, so as to raise it from and above the artery. In this mode of proceeding, there is less danger of tearing, or otherwise injuring the peritonæum, than in any other plan of performing the operation. Having raised up the bag of the peritonæum, the edges of the wound are to be separated by spatulas, and by the fingers of assistants, so as to enable the operator to get as good a view as possible of the artery, which is then to be care-

fully separated from the vein which is below and on the inside of the artery; and only to an extent sufficient to allow of the passage of the aneurism needle. In this, as indeed in all cases, the vessel should be disturbed and isolated from its sheath as little as possible. The needle should be passed *from*, not *towards* the vein. The artery is tied generally about an inch above Poupart's ligament, and care should be taken before tying it to ascertain that no nervous filaments are included in the ligature. The edges of the wound are brought together by a suture, and slight adhesive straps, but no bandage of any kind should be applied, nor anything which may constrict the limb, or tend to interfere with its circulation. Loose cotton, or some equally good non-conductor of heat, should be placed all around the limb, from the toes to the groin, so as to cherish the heat and vitality of the part.

Dr. Mott, in speaking of the Statistics of the Operation, stated that he had ligatured this artery seven times; four times with success. Of the three remaining cases one died from secondary hemorrhage; one from peritonitis, caused by excess in the use of spirituous liquors, and the last from gangrene of the inferior extremity. This was a case of traumatic aneurism, in which the aneurismal sac communicated with the femoral vein.—*N. Y. Register of Medicine and Pharmacy.*

ARTICLE IX.

Medical Gleanings in Naples. From the Editorial Correspondence of the Boston Medical Journal.

The Neapolitians entertain an opinion that bloodletting is indicated in many diseases in which, among us, it would be thought fatal. Bleeding is a distinct profession and in narrow lanes, it is quite common to find painted signs, representing a nude man, tapped at several points—a stream of blood flowing from the arm, the neck and foot, all at the same moment. In the spring, everybody is supposed to require bleeding, just as, in some parts of New England, whole neighborhoods at that season take physic. Horses, too, are here bled unmercifully. A few days since, a poor, overworked creature was standing in the middle of the street, his blood flowing out with frightful rapidity. He required food, instead of

cruel depletion. Consumption is considered infectious; consequently, on the death of a person from pulmonary disease, his clothes are burned and the apartment at once thoroughly purified. An instance was related by a high public functionary, the other day, of a family being warned to vacate their hired premises, forthwith, because a member of the family gave indications of approaching pulmonary consumption. Nowhere are the dead more magnificently exhibited at a funeral, or more quickly disposed of when the ceremonies are finished. One coffin answers for thousands, to all appearance. It is of rough, white boards—lodged temporarily, while in the church, in a rich sarcophagus, covered by a richly wrought pall, made heavy by gold lace and fringes. When the candles are extinguished the friends retire, and the coffin being taken out, is carried on the heads of rough-looking fellows to a closet. Afterwards, if conveyed to the Santo Campo, the corpse is taken out of the coffin and laid on a shelf in a tomb, and the empty box brought back for another. Some of the funeral processions in Naples, Rome and Florence are very extraordinary performances—the persons following are all masked, having eyeholes to see through, while by-standers are prevented from recognizing any of them. At Florence the burials are by night.

Naples, Oct. 22, 1850.

ARTICLE X.

Singular Revenge.—Late one evening a person came into our office, and asked to see the Editor of the Lancet. On being introduced to our *sanctum*, he placed a bundle upon the table, from which he proceeded to extract a vesy fair and symmetrical lower extremity, which might have matched

"Atlanta's better part."

ond which had evidently belonged to a womrn. "There," said he, "is there anything the matter of that leg? Did you ever see a handsomer? What ought the man to be done with who cut it off?" On having the meaning of these interrogatories put before us, we found that it was the leg of the *wife* of our evening visitor. He had been accustomed to admire the lady's leg and foot, of the perfection of which, she was,

it appeared, fully conscious. A few days before, he had excited her anger, and they had quarrelled violently, upon which she left the house, declaring she would be revenged on him, and that he should never see the objects of his admiration again. The next thing he heard of her was, that she was a patient in **** Hospital, and had had her leg amputated. She had declared to the surgeons that she suffered intolerable pain in the knee, and had begged to have the limb removed, a petition the surgeons complied with, and thus became the instrument of her absurd and self-torturing revenge upon her husband!—*London Lancet.*

ARTICLE XI.

Snake Bite cured by the Tinc. of Iodine.—Dr. James Langworthy of Reynoldsburg, has kindly forwarded the following observation:

C. G., a boy about 8 years old, was bitten by a snake about 2 o'clock P. M., August 28th, 1850. I was called in about 5 o'clock the same day. Found a characteristic wound on calf of the leg. The limb had swollen very much; was quite tender, but there was no discoloration, except very near the wound. The usual applications recommended in such cases were used, and continued until the next morning, but to no effect. The swelling increased, and by that time had extended over the whole limb, the inflammation becoming erysipalatous and of an aggrivated character.

Recollecting a notice of the use of Tinc. Iodine in such cases, in Braithwaite's Retrospect, part 20, pp, 180. [Dr. Whitmire's article first published in the North Western Medical and Surgical Journal.] I applied it three times on the more inflamed parts, and twice upon the whole leg at intervals of twelve hours with the most gratifying success. It seemed to act like a charm, and completely subdued the inflammation. —*Ohio Med. Jour.*

ARTICLE XII.

Case of Annual Return of Cutaneous Poison.

A. L——, a young lady, now 22 years of age, was exposed in the summer of 1838, to the acrid vapors of the *rhus toxicodendron*, or poi on oak. A smarting sensation in the face, occurring after washing with cold water, followed by redness and swelling, induced the belief that she was poisoned by the plant, which she had met with in her walks; the subsequent vesication, and desquamation of the cuticle, confirmed her suspicion. The treatment was palliative, and with the decline of the symptoms, and return of usual health, the affection was almost forgotten. In the year 1839, and about the same time in the year, the disease again returned, and has continued to do so every year since, except the last. She was then on a visit to Virginia; and while there wrote home that it would mar her enjoyment very much to be confined, as usual, with this disease, and desired me to prescribe for its prevention. I did so reluctantly. Alterative doses of iodide of potassium were recommended to be taken daily, for several weeks before the expected attack. She complied with my instructions and had no return of her annual sickness. Her general health, however, was not so good, during the remainder of the year, as it had formerly been. She suffered a good deal from headache, fugitive pains in different parts of the body, irregular appetite, and deficient menstruation. This summer the disease has again returned, and she is now convalescing from a mild attack, which has been mostly confined to the lower extremities. She looks well, and probably will be better than she has been for a year past.—*N. J. Med. Rep.*

ARTICLE XIII.

Re-Vaccination in Prussia.

Re-vaccination is systematically practiced in Prussia. No child is admitted into a school without proof of vaccination, and every recruit is vaccinated on admission into the army. In the year 1848, twenty-eight thousand eight hundred and fifty-nine soldies were vaccinated; of these, the vaccine dis-

ease was regular in sixteen thousand eight hundred and eighty-two; in four thousand four hundred and four individuals it was irregularly developed; and in seven thousand five hundred and seventy-three it did not take any effect.—*London Medical Gazette.*

ARTICLE XIV.

Attending Families by the Year.

The Plan of attending famlies by the year is dictated by a trading mercenary spirit, unworthy of members of a dignified profession. It has too much the air of pelf about it, and should at once be abandoned. It may suit the dealer in matches, the butcher, or the iceman, but is clearly out of place among physicians. We are glad to hear that notwithstanding the efforts of some members to have it recognised by the Medical Society, that respectable body unhesitatingly condemned it.—*St. Louis Probe.*

Part 4.—Editorial.

ARTICLE I.

THE PHYSICIAN AND PATIENT.

This work which has received the commendation of most of our contemporaries in this country, and has been re-published in Europe, has just been laid upon our table by Mersrs Burley, Booksellers of Chicago. It is by Worthington Hooker, M. D., of Norwich, Connecticut, who seems to be conversant with "the mutual duties, relations, and interests of the Medical Profession, and the community," and has taken very just views of the errors of both parties, so far as a cursory glance through it will enable us to judge.

The work is written in an easy, fluent, and pleasing style, and does great credit to the taste and good sense of the author.

Those of our readers who have been accustomed to complain of the want in their knowledge and skill manifested by a portion of community, will here find the reasons for such incredibility; both those that unhappily arise from the uncertainty of Medicine, and those that depend upon deception and false appearances, which are fully, and we should think fairly discussed and philosophically explained. They will also find some excellent suggestions in reference to that line of conduct by which the physician should be guided, and by which he will attain to a position and standing that will enable him to become extensively useful.

The various forms of quackery are treated in a spirit of candor and with clear conceptions of their source, nature, tendencies, and a full and fair exposition of the pabulum of their support. A chapter too is devoted to the means of removing quackery.

The major part of the book which contains 552 pages, 12

mo., is devoted to the consideration of the influences and necessities of proper conduct on the part of the physician toward his patients, and of community towards him, to secure the most speedy and sure success in practice.

The closing chapter of the work is a consideration of "the trials and pleasures of a Medical life."

This chapter is full of truthful and pointed reflections, and of rich and pleasing consolations.

There is an appendix in the form of a letter on the subject of the propriety of the physicians paying attention to the spiritual wants of his patients, after which follows the code of etheics of the American Medical Association.

Altogether it is one of the most entertaining books that we have met with, and we cordially recommend our readers to procure it, and to try to get it into the hands of the intelligent members of their communities respectively, as it is calculated to diffuse correct information in a style that will be sufficiently attractive to secure a perusal. E.

ARTICLE II.

OUR JOURNAL.

We have often been solicited to publish the Journal monthly, instead of only once in two months, and out of deference to the judgment of our friends in regard to its propriety, we have had the matter under serious advisement. But fearing that the increased expense might not be met by any increased punctuality on the part of our patrons in making prompt payment, we have not thought it best to try it, for however the circulation might be extended, it is but too manifest that without prompt payment, we would be greatly the loosers by the change.

We however, propose to make the change gradually, by commencing on the first of April next, the issue of the North Western Medical Intelligencer, and to continue it every other

month, designed to keep our readers informed in reference to all of the current medical news of the months intermediate between the issue of the Journal.

The intelligencer will contain sixteen pages, uniform with the Journal, but will make a separate volume, and will be sent to those of the subscribers to the Journal only who have paid all arrearages and advanced the money for the volume. We shall, with each issue, print only enough copies to supply such portion of our subscribers as have paid up at the time, and therefore we will not be able to supply any back numbers of the Intelligencer. It will not be sent to non-subscribers of the Journal at all.

The Journal in the mean time, will be issued regularly, as heretofore, giving about five hundred pages of reading matter for the same price. Thus those of our readers who pay in advance will get about 600 pages of reading matter for the same money, and be more regularly advised of passing events.

ARTICLE III.

DR. DAVIS' HISTORY.

An explanation for sending the extra pamphlet containing the concluding chapter of Prof. Davis' History should have been given in our last. Finding we could not publish the History in this volume of the Journal without crowding out much other matter, we thought it better to get the sheets from the book as it was going through the press, and in this manner complete the work. The size of this pamphlet is a little different from the Journal, but as it is paged to come at the back of this volume, it will bind with it very well. By this, we will give some 60 pages extra in this volume.